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United States Public Health Service
Bureau Circular Letters.



TREASURY DEPARTMENT
UNITED STATES PUBLIC HEALTH SERVICE

BUREAU CIRCULAR LETTERS

1913-1920



PREPARED BY DIRECTION OF THE SURGEON GENERAL



WASHINGTON
GOVERNMENT PRINTING OFFICE
1921

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BUREAU CIRCULARS.

The Occurrence of Quarantinable Diseases to be Reported by Telegraph.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 13, 1913.

Bureau Circular Letter No. 1.

To medical officers of the United States Public Health Service:

You are directed to report to the Surgeon General by telegraph whenever cases of cholera, plague, or yellow fever, or any other dangerous communicable disease, becomes epidemic at any port or place, or in the vicinity of any port or place at which you are stationed. You are further directed to report by telegraph weekly thereafter on Saturday the status of the outbreak, giving, whenever possible, the number of cases and deaths known to have occurred during the preceding week and the total number from the beginning of the outbreak. The subsidence or disappearance of the outbreak is also to be reported by telegraph.

RUPERT BLUE, *Surgeon General.*

Necessity for Economy in the Expenditures Chargeable to the Appropriation for Maintenance of Marine Hospitals, 1913.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 17, 1913.

Bureau Circular Letter No. 2.

To commissioned officers, acting assistant surgeons, and others concerned:

On account of the limited amount of the appropriation for the maintenance of marine hospitals, it has become necessary to institute the most rigid economy in expenditures chargeable to that appropriation. It will be necessary until further notice to cut down these expenditures to the lowest possible limit. You will especially avoid making purchases under paragraph 654 of the regulations, except for the most urgent necessities.

You will acknowledge receipt of this letter.

RUPERT BLUE, *Surgeon General.*

Tools for Use in Care of Buildings and Grounds.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, February 11, 1913.

Bureau Circular Letter No. 3.

To commissioned officers, acting assistant surgeons, and others concerned:

By direction of the department, under date of January 24, 1913, you are informed that the appropriations under the control of the Supervising Architect, Treasury Department, are not available for the purchase of tools to be used in the care of buildings and grounds at marine hospitals and quarantine stations.

Expenditures for such tools are chargeable to the appropriations for the Public Health Service, and vouchers are to be rendered accordingly.

RUPERT BLUE, *Surgeon General.*

Prevention of Spread of Tuberculosis Among Merchant Seamen.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, February 27, 1913.

Bureau Circular Letter No. 4.

To commissioned officers, acting assistant surgeons, and others concerned:

In order to aid in the prevention of the spread of tuberculosis among seamen of the merchant marine, the following rules shall be observed whenever practicable:

Whenever a seaman suffering with tuberculosis of the lungs applies for treatment at a relief station of the service, the medical officer or acting assistant surgeon in charge thereof shall notify the master or accredited agent of the vessel on which said seaman sailed immediately preceding his application for relief; and if said vessel is in port, shall, with the consent and aid of the master, owner, or agent of the vessel, disinfect the forecastle or other apartment previously occupied by the aforesaid seaman.

The method of disinfection shall be as follows:

1. Thorough mechanical cleansing of floors, walls, and bunks with hot water and concentrated lye.
2. Wetting floors, walls, and bunks with the following solution:

	Parts.
Carbolic acid.....	5
Water	100

Clothing and bedclothing which the patient has used should be immersed in this solution for 24 hours, unless disinfected in a steam chamber.

Forecastles should be painted or whitewashed after disinfection when practicable.

Masters, owners, and agents of vessels should be informed of the importance of compliance with the provisions of this circular.

A report shall be rendered to the bureau of every forecandle disinfected under the provisions of this circular as soon as the disinfection shall have been effected.

RUPERT BLUE, *Surgeon General.*

Freight and Express Charges to be Included in Monthly Statement of Expenditures and Liabilities.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 11, 1913.

Bureau Circular Letter No. 5.

To commissioned officers, acting assistant surgeons, and others concerned:

Hereafter the monthly statement of expenditures and liabilities (Form 1955) at your station must include freight and express charges on all articles received by you from transportation companies during the month.

The charges as billed at the commercial rate should be ascertained in each case from the agent of the last transportation company handling the shipment on receipt by you of notice of its arrival.

The items are to be reported under the heading and in the manner indicated below:

Freight, transportation, and travel expenses.

Name of payee.	Object.	Amount.
Pennsylvania R. R. Co.....	Transportation of tents, etc., shipped Aug. 12, 1913.....	\$20.36

You will acknowledge receipt of this letter.

RUPERT BLUE, *Surgeon General.*

Relative to Revision of Uniform Regulations.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 18, 1913.

Bureau Circular Letter No. 6.

To commissioned medical officers, United States Public Health Service:

A revision of the Regulations Governing the Uniforms of Officers and Employees of the Public Health and Marine Hospital Service of the United States, approved July 1, 1904, is under contemplation. Medical officers are therefore requested to forward to the bureau any suggestions as to changes or amendments to the present regulations which may appear desirable from their experience either at the marine hospitals, quarantine stations, or in the field.

Suggestions should be submitted in paragraph form as amendments to present paragraphs, giving number of same, or new paragraphs with proper place of insertion.

RUPERT BLUE, *Surgeon General.*

Instructions Relative to the Preparation of Vouchers.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 19, 1913.

Bureau Circular Letter No. 7.

To commissioned officers, acting assistant surgeons, Public Health Service, and others concerned:

In connection with Bureau Circular Letter No. 11, issued August 15, 1912, relative to the adoption of new public voucher forms, it is directed that the disbursing clerk's check inclosure blank attached to each form be completely and correctly filled in at the station before the voucher is forwarded to the bureau for approval and payment.

No bills are to be rendered on old editions of vouchers 1949a, 1949b, or 1926, approved prior to June 21, 1912, and any such forms now on hand at stations should be destroyed and requisition made immediately for a supply of the new forms, if none are on hand.

RUPERT BLUE, *Surgeon General.*

Designation of Officers in Charge of Stations.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 7, 1913.

Bureau Circular Letter No. 8.

To medical officers, United States Public Health Service, and others concerned:

It is hereby directed that hereafter medical officers in charge of stations of the service shall be designated and addressed as "Medical officer in charge." The term "Medical officer in command" will be no longer used in this connection.

This order does not apply to a station where the officer in charge has a special title or designation, such as "Chief quarantine officer," "Director of the Hygienic Laboratory," "Director of the Leprosy Investigation Station," etc.

An officer in temporary charge of a station, in signing official correspondence, should add the words "In temporary charge" after his official title.

RUPERT BLUE, *Surgeon General.*

Prevention of Malaria.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 27, 1913.

Bureau Circular Letter No. 9.

To owners, agents, captains, and members of crews of registered, licensed, or enrolled vessels of the United States, and others concerned:

On account of the prevalence of malaria along certain of the rivers, lakes, and other bodies of water in the United States, and the liability to exposure of persons employed on vessels plying on such bodies of water, measures should be taken to prevent malaria infection or the development of the infection should it be contracted.

The taking of quinine will largely prevent the development of malarial fever in those exposed. It is advised, therefore, that persons in malarial regions take one of the salts of quinine in 5-grain doses morning and evening every Saturday and Sunday during the season in which the disease prevails.

Beneficiaries of the service may, upon application at a marine hospital office, obtain sufficient quinine to last one month for the purpose stated, and this supply may be renewed when necessary. Malaria is transmitted to human beings only by the bites of infected mos-

quitoes. To guard against infection, therefore, the breeding of these insects should be prevented and living apartments should be screened.

RUPERT BLUE, *Surgeon General.*

Transmitting Copy of Service Regulations.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 19, 1913.

Bureau Circular Letter No. 10.

To medical officers, United States Public Health Service, and others concerned:

There is inclosed herewith a copy of the revised edition of the Regulations of the United States Public Health Service, approved March 4, 1913.

Acknowledgment of its receipt is directed for the records of the bureau.

RUPERT BLUE, *Surgeon General.*

Proposals and Bills Chargeable to the Supervising Architect's Fund to be Sent to Him Direct.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 17, 1913.

Bureau Circular Letter No. 11.

To custodians of the United States marine hospitals and quarantine stations:

You are informed that hereafter bills payable from appropriations under control of the Supervising Architect should be forwarded to him direct, instead of through the bureau as formerly.

Proposals for work chargeable to these appropriations, the requisitions for which have been forwarded through the bureau, should also be forwarded direct to the Supervising Architect.

RUPERT BLUE, *Surgeon General.*

Antityphoid Vaccine Available for Distribution by Hygienic Laboratory.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 22, 1912.

Bureau Circular Letter No. 12.

To commissioned medical officers, United States Public Health Service, and other concerned:

Referring to Bureau Circular Letter No. 2 of May 5, 1911, relative to the administration of antityphoid vaccination to beneficiaries

of the service, you are informed that the Hygienic Laboratory is in a position to furnish such doses of this prophylactic as may be needed for use at first and second class stations. The bureau expects that opportunity will be taken to extend as much as possible among beneficiaries of the service the voluntary use of antityphoid vaccine, which experience has demonstrated to be of value in the prevention of the disease.

Requisitions for the necessary vaccine should be addressed direct to the Hygienic Laboratory as the occasion arises for its use.

The number of persons who have received preventive inoculations, and other pertinent data in relation thereto, should be reported to the bureau at the close of the fiscal year.

RUPERT BLUE, *Surgeon General.*

Requisitions for Stationery, Blanks, and Blank Books.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 4, 1913.

Bureau Circular Letter No. 13.

Medical officers, United States Public Health Service, and others concerned:

Your attention is invited to paragraphs 634 and 635, Regulations of the United States Public Health Service (1913) prescribing the dates for making requisitions for stationery, blanks, and blank books.

It is desired that the provisions of these paragraphs be observed, except in case of emergency or an unforeseen necessity, in which circumstances the requisition should be accompanied by an explanatory statement, which may be written on or attached to the requisition or embodied in an accompanying letter.

Attention is also invited to the fact that it is no longer necessary to transmit these requisitions in duplicate.

RUPERT BLUE,
Surgeon General.

Instructions Relative to Preparing Monthly Reports of Patients Admitted and Discharged from Hospital.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 30, 1912.

Bureau Circular Letter No. 14.

To commissioned medical officers, acting assistant surgeons, and others concerned:

The following instructions will hereafter be observed in preparing the monthly report (Form 8998) of the admission and discharge,

together with other data, of patients treated in hospital at first and second class stations of the service:

1. Reports should be prepared in typewriting.
2. The nativity of seamen may be abbreviated if such abbreviation can be understood.
3. Under "Dates of last continuous service" only the period of service, or services, which entitles a patient to relief should be given. The dates of service should be given in numerals, as 3.14.12 to 7.16.12.
4. Care should be taken to give the correct paragraphs of the regulations under the provisions of which a patient is admitted to treatment.
5. Dates of extension of treatment should not be given.
6. Dates of admission and discharge should be given in numerals, as (admitted) 7.13.1911 or '11, (discharged) 8.17.1912 or '12.
7. The date of first admission recorded on each page should be given in month, day, and year, but in the following dates of admission given on the same page the continuation of the same month and year should be dittoed (").
8. In record of discharges the month, day, and year should be given in each case.
9. The condition of each patient upon termination of hospital treatment should be reported as "Rec.," "Imp.," "Not Imp.," or "Death."
10. If a foreign seaman is admitted to hospital treatment, the words "Foreign seaman" should be written in column for dates of service, and the name of the country responsible for the cost of his treatment should be given in the column for remarks.
11. No signature of officers or remarks, such as "Continuation," etc., should be given on reports.
12. Under column for diseases the distinctive title of a disease or injury should be given first and then followed by such modifying terms as may be necessary. Example: Malarial fever, int.; syphilis, sec.; valvular disease of heart, mitral.
13. In only the report for the month of July each year, a complete record of patients remaining under treatment from the previous month should first be taken up, after which followed by a record of patients admitted during July.
14. Patients who are discharged but who were admitted to hospital treatment during some previous month or year should be reported on Form 1958. In this form the word "Remarks" should be changed to "Result."
15. Monthly reports of hospital patients should be prepared and forwarded to the bureau as soon as practicable after the first day of the month following that for which the reports are rendered.

16. The mailing tubes in which the reports are to be forwarded to the bureau should be wrapped in heavy manila paper.

You will acknowledge the receipt of this letter.

RUPERT BLUE, *Surgeon General.*

Changes in the Personnel to be Reported in Duplicate.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 24, 1913.

Bureau Circular Letter No. 15.

To medical officers in charge, United States Public Health Service:

At the request of the Treasury Department, you are directed, on and after November 1, 1913, to submit all recommendations for changes in the personnel of the service in duplicate.

This refers to all letters reporting resignations and discontinuances, and recommending appointments, promotions, and changes of detail, and will necessitate making a carbon copy of all letters on these subjects addressed to the bureau.

RUPERT BLUE, *Surgeon General.*

Relative to Purchase of Neosalvarsan.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 29, 1913.

Bureau Circular Letter No. 16.

To medical officers, United States Public Health Service:

It is hereby directed that neosalvarsan shall not be purchased hereafter under the exigency paragraph of the regulations, as it will be furnished by the Purveying Depot on requisitions approved by the bureau.

RUPERT BLUE, *Surgeon General.*

Relative to Reporting Patients Suffering with Enteric Fever.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 30, 1913.

Bureau Circular Letter No. 17.

To medical officers, United States Public Health Service, and customs officers:

Hereafter the names of all patients suffering with enteric fever shall be reported to this bureau by letter immediately upon their admission to treatment.

In each case the name of the patient, permit number, date of admission to treatment, and name of the last vessel upon which service is claimed should be given.

RUPERT BLUE, *Surgeon General.*

Relative to Requisitions for Neosalvarsan.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 15, 1913.

Bureau Circular Letter No. 18.

To medical officers, United States Public Health Service, and customs officers:

Bureau Circular Letter No. 16, dated October 29, 1913, relative to the purchase of neosalvarsan, is hereby amended to read as follows:

Neosalvarsan will be furnished by the Purveying Depot on requisitions for one month's supply, approved by the bureau. Additional requisitions should be made each month as required, and the names of the seamen who have received this drug during the previous month should be reported to the bureau.

The bureau desires to encourage the use of neosalvarsan, as it believes that the number of days of hospital relief will be greatly diminished thereby; but the necessity of carefully watching the condition of the appropriations for marine hospital relief requires that the bureau should be kept advised each month of the quantity employed.

RUPERT BLUE, *Surgeon General.*

Admissions to Hospital Treatment at Second, Third, and Fourth Class Stations to be Limited to Absolutely Necessary Cases.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 15, 1913.

Bureau Circular Letter No. 19.

To medical officers, acting assistant surgeons, and others concerned:

You are informed that on account of the limited appropriation for care of seamen and other purposes it will be necessary to limit as far as possible the number of cases admitted to hospital treatment at your station.

You will be notified should the condition of the appropriation later on warrant a more liberal expenditure than at present.

Paragraph 494, Regulations, Public Health Service, 1913, should be carefully followed, and seamen requiring hospital treatment for a period greater than 20 days should, if they are able to travel, be sent at once to the nearest marine hospital.

A report should be made to the bureau of the condition of any seaman who has been under treatment in a contract hospital at a second-class station for more than 20 days, as now required of third and fourth class stations.

Strict compliance with this letter is ordered, and you will acknowledge receipt of the same.

RUPERT BLUE, *Surgeon General.*

Instructions Relative to New Pay-Roll Blanks.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 18, 1913.

Bureau Circular Letter No. 20.

To commissioned officers and acting assistant surgeons, United States Public Health Service, and others concerned:

There is transmitted herewith a supply of the new pay-roll blanks, Forms 1952 or 1952A, which are to be used hereafter.

All of the old pay-roll blanks, 1951 or 1952, which may be on hand, are to be immediately destroyed, and requisition should be made in the usual manner for an additional supply of the new pay rolls if needed.

Instructions relative to the preparation of the new forms will be found on the reverse of Form 1952.

It should be noted that for the purpose of computing pay of persons receiving an annual or monthly compensation, each and every month shall be held to consist of 30 days; but in order to receive full salary for a 31-day month, each and every day must be served and period of service should be stated on the roll, as from the 1st to the 31st, and number of days as 31.

The Comptroller of the Treasury has decided that one day's pay shall be deducted from an employee not on pay status on the last day of a 31-day month.

RUPERT BLUE, *Surgeon General.*

Estimates for Hospital Equipment.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 22, 1913.

Bureau Circular Letter No. 21.

To medical officers in charge United States Marine hospitals:

The bureau desires to know what equipment will be necessary to place your station in first-class condition. You are therefore directed

to send an estimate giving the cost in detail, under the heads in the inclosed list, of all articles that will be required for this purpose. The estimate should be a liberal one and embrace all new and up-to-date appliances necessary to make your equipment as complete as that of any hospital in the country. You should consult recent catalogues of hospital supply houses and current medical and hospital journals to be sure that nothing is overlooked.

This estimate should be forwarded not later than December 15, as the bureau wishes to present a general estimate for the complete equipment of all marine hospitals before January 1, 1914, to the Secretary for his approval, with a view to asking Congress for an appropriation to cover this expenditure.

RUPERT BLUE, *Surgeon General.*

Money Needed at Marine Hospitals for Remainder of Fiscal Year 1914.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 1, 1913.

Bureau Circular Letter No. 22.

To medical officers in charge United States Marine Hospitals:

You are requested to send to the bureau without delay a statement giving the amount of money, above the allotment made November 23, that will be needed for your station for the period from January 1 to June 30, 1914.

In order that no misunderstanding may arise, the amount already allotted to your station should be given, as well as the additional sum required. The statement should show, under separate heads, what will be necessary for subsistence, exigency purchases, hospital equipment, additional attendants, and miscellaneous articles and services furnished under annual contract or informal proposals approved by the department.

The hospital equipment should embrace only such articles as are immediately needed, such as tools, cooking utensils, stoves, hospital furniture, repairs to ambulance, surgical instruments, lumber, etc. Articles not required immediately should be placed upon the list which you have been requested to forward by circular letter No. 21.

Additional attendants should include two trained nurses, at \$60 per month each, for every 25 patients, one to act as day nurse and the other as night nurse, the present nurses and orderlies to be placed under their charge. Additional pay for attendants now on duty should also be added to this item in those cases where there has been difficulty in obtaining the services of efficient persons.

A letter of transmittal should accompany this statement, giving in detail the reasons for asking for a larger allotment for your station; officers are cautioned not to request more money than will be necessary to run their stations properly for the time specified.

These statements and letters will be submitted to the Secretary with the request that Congress be asked for a deficiency appropriation to cover the expenditure. You should not, however, allow the expenses of your station to exceed the present allotment until notice is received by you that Congress has granted additional funds.

RUPERT BLUE, *Surgeon General.*

Relative to Transmittal of Requisitions for Medical Supplies.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 16, 1913.

Bureau Circular Letter No. 23.

To medical officers in charge first, second, and third class stations, Public Health Service:

You are advised that hereafter all requisitions in whole or in part for supplies customarily issued by the Purveying Depot should be sent directly to the Medical Purveyor, 1414 Pennsylvania Avenue NW., Washington, D. C.

You will acknowledge receipt of this letter.

RUPERT BLUE, *Surgeon General.*

Relative to Use Made of Cumulative Tables in Public Health Work.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 27, 1913.

Bureau Circular Letter No. 24.

To medical officers, United States Public Health Service, and State quarantine officers.

SIR: In the Public Health Reports there have been published for many years cumulative tables of the reported occurrences of cholera, yellow fever, plague, and smallpox in foreign countries. These tables have been begun anew with the 1st of January and the 1st of June of each year, being cumulative for a period of six months.

It is desired to ascertain to what extent the information contained in these cumulative tables is of use to service officers in quarantine work. In acknowledging the receipt of this letter you are requested to inform the bureau as to what use, if any, you have made of these

tables while engaged in maritime quarantine duty. An expression of your opinion as to their usefulness will also be appreciated.

The cumulative table above referred to should not be confused with the current weekly noncumulative tables of cholera, yellow fever, plague, and smallpox in foreign countries which are also published in the Public Health Reports.

Respectfully,

RUPERT BLUE, *Surgeon General.*

Necessity for Exigency Purchases to be Given on Face of Vouchers.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 27, 1913.

Bureau Circular Letter No. 25.

*To commissioned medical officers and acting assistant surgeons,
United States Public Health Service, and others concerned:*

You are informed that hereafter there must appear on the face of each voucher for services or articles purchased under authority contained in paragraph 649, Regulations of the Service, a brief but complete statement as to the conditions which necessitated immediate purchase without special authority from the bureau.

The above order does not apply in case of vouchers rendered in favor of local apothecaries for medicines furnished seamen at third and fourth class stations.

RUPERT BLUE, *Surgeon General.*

Authority to be Cited on Bills for Medicines Furnished by Apothecaries.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 27, 1913.

Bureau Circular Letter No. 26.

*To acting assistant surgeons, United States Public Health Service,
and customs officers:*

You are informed that hereafter vouchers rendered in favor of local apothecaries for medicines furnished seamen at third-class stations should cite paragraphs 468 and 649, Regulations as authority for the expenditures. At stations in charge of customs officers, the authority cited on such bills should be paragraphs 649 and 660, Regulations of the Service.

RUPERT BLUE, *Surgeon General.*

Relative to Transmittal of Requisitions for Medical Supplies.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 3, 1914.

Bureau Circular Letter No. 27.

To medical officers in charge, United States Public Health Service:

You are directed when forwarding the semiannual requisition for medical and other supplies, to give a complete inventory, in the column of articles on hand, of all medical and surgical supplies in the hospital dispensary and the storeroom. Articles should be carefully inspected at the time the inventory is made, and all that are found worthless, if expendable, should be destroyed.

The semiannual requisition should be made sufficiently early to reach the Purveying Depot by the 1st of April or the 1st of October.

All requisitions, whether in letter form or on blanks, should be made in duplicate.

RUPERT BLUE, *Surgeon General.*

Transmitting Amendments to Service Regulations.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, February 16, 1914.

Bureau Circular Letter No. 28.

Medical officers, United States Public Health Service, and others concerned:

Your attention is called to the inclosed amendments (No. 1) to the Regulations of the United States Public Health Service, and you are directed to paste the same in your personal copy of the service regulations, and also in the copy, if any, belonging to your station.

It is desired that you advise the bureau of your compliance with these instructions, and if you need any additional copies of these amendments, you should make request for the same.

It is the intention of the bureau that every medical officer of the service be in possession of a copy of the service regulations and all amendments thereto. If you have not already received a copy of this volume, you are directed to so inform the bureau.

RUPERT BLUE,
Surgeon General.

Inclosure.

14330°—21—2

Reports of Epidemics or of Unusual Prevalence of Disease.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 4, 1914.

Bureau Circular Letter No. 29.

To medical officers, United States Public Service:

Your attention is invited to paragraphs 745 and 746 of the Regulations for the Government of the United States Public Health Service promulgated March 4, 1913, and you are directed to familiarize yourself with, and diligently observe, the provisions thereof.

The duty of officers imposed by these paragraphs is one of the greatest importance to the bureau and to State and local health authorities throughout the country who look to the service and the Public Health Reports for current information regarding the occurrence of epidemics and the prevalence of disease.

Reports forwarded by letter in accordance with paragraphs 745 and 746 should be briefed as follows: If the letter reports several diseases, the brief should read "Morbidity report." If the letter reports one or two diseases only, then the brief should also contain the names of the diseases being reported as, "Morbidity report—poliomyelitis and diphtheria," or "Morbidity report—epidemic cerebrospinal meningitis."

Pursuant to paragraph 675 of the regulations letters making reports under paragraphs 745 and 746 above referred to should not include any subject other than that of the morbidity report.

You are requested to acknowledge the receipt of this letter.

Respectfully,

RUPERT BLUE,
Surgeon General.

Relative to Reimbursement for Cost of Expensive Medicines and Ambulance Service in the Care of Foreign Seamen.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 17, 1914.

Bureau Circular Letter No. 30.

To medical officers, United States Public Health Service:

You are informed that if expensive medicines, such as neosalvarsan, argyrol, serums, vaccines, etc., are employed in the treatment of foreign seamen or officers and enlisted men of the Army and Navy, a charge covering the cost of same should be made on the bill rendered for their care at contract stations or marine hospitals.

Where there is no ambulance, a charge for ambulance hire should be added to the bill if an ambulance is used to convey the patient to the hospital.

RUPERT BLUE,
Surgeon General.

Relative to Treatment of Cases of Amoebic Dysentery.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 24, 1914.

Bureau Circular Letter No. 31.

To medical officers in charge, United States Public Health Service:

Reports have been received from a number of officers of the service of the successful treatment of amoebic dysentery by the use of emetine hydrochloride, either hypodermically or intravenously. Private physicians have also found this remedy of great value in this disease. The bureau wishes to encourage its use by all officers of the service. Requisitions may be sent to the Purveying Depot, or, in case of emergency, the drug may be purchased at the station under paragraph 649 of the regulations. It is sold in boxes containing 6 ampules, each holding one-third of a grain of emetine hydrochloride dissolved in salt solution.

You are requested to forward to the bureau a statement showing the number of cases of bacillary and amoebic dysentery that have received treatment at your station during the last five years. A report is also desired of any cases where emetine hydrochloride has been used, or of any cases so treated in future, together with your opinion of its value.

RUPERT BLUE,
Surgeon General.

Data and Suggestions Relative Telegraphic Cipher Code.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 28, 1914.

Bureau Circular Letter No. 32.

To commissioned medical officers, Public Health Service:

You are directed to review the files of telegrams received and sent from your station during the past three years and to excerpt the phrases most often used therein. These should be forwarded to the bureau without delay together with any suggestions which you believe would be of value to the board for the revision of the telegraphic cipher code of the service.

RUPERT BLUE,
Surgeon General.

**Requesting Information as to Officers and Seamen of the United States
Revenue-Cutter Service Treated for Venereal Diseases During 1913.**

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 2, 1914.

Bureau Circular Letter No. 33.

To medical officers of the United States Public Health Service:

You are requested to forward a statement to the bureau of the number of officers and seamen of the United States Revenue-Cutter Service treated for venereal diseases at your station during the fiscal year 1913, both at the hospital and the out-patient office.

The statement should give the permit number, name of patient, dates of admission and discharge if treated in hospital, or dates of office treatment, and condition when discharged.

RUPERT BLUE,
Surgeon General.

**Information and Instructions Respecting Purchases, Contracts, Proposals,
and Vouchers.**

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 11, 1914.

Bureau Circular Letter No. 34.

To medical officers of the United States Public Health Service:

The following information and instructions are published for the guidance of officers of the Public Health Service:

Section 3709 of the Revised Statutes contains the following provisions:

All purchases and contracts for supplies or services, in any of the departments of the Government, except for personal services, shall be made by advertising a sufficient time previously for proposals respecting the same, when the public exigencies do not require the immediate delivery of the articles, or performance of the service. When immediate delivery or performance is required by the public exigency the articles or services required may be procured by open purchase or contract at the place and in the manner in which such articles are usually bought and sold, or such services engaged, between individuals.

Attention is called to the plain and positive language of the statute, which forbids the making of purchases and contracts without previous advertisement in any other cases than those expressly excepted.

The object of the law is to secure to the Government the advantages of competition in making contracts. All persons employed in the Public Health Service are expected to observe the letter and spirit of the law, and in inviting proposals to make bona fide efforts to induce competition.

The Comptroller of the Treasury has used the following language respecting the meaning of "advertising" as prescribed by the statute :

To meet the requirements of section 3709, Revised Statutes, an advertisement need not necessarily be by publication in the newspapers, but by circulars sent to persons engaged in the particular business to be performed, or in furnishing the supplies desired, accompanied by posting of handbills in the proper localities, or by other means of giving publicity.

The publication of advertisements in newspapers will hereafter be authorized only when there are special reasons for such a course, and authority therefor must always be obtained beforehand. Section 3828 of the Revised Statutes forbids the payment of bills for newspaper advertising that has not been previously authorized in writing by the head of the department.

You are therefore directed, whenever proposals for supplies or repairs are to be obtained for the use of the Public Health Service, unless newspaper advertisement is authorized, to advertise for them by means of circular letters addressed to persons dealing in the supplies or engaged in doing the kind of work needed, and notices posted in public places. The circular letters and notices should be drawn in similar language, and copies of both should be forwarded to the bureau with the proposals.

The lobby of the post office is regarded as a suitable place for the display of posters; but they may be displayed in other places as well, and should be, if greater publicity can thus be insured.

With regard to circular letters, the fact that the object of advertisement is to induce competition should be borne in mind, and the letters should be sent to a sufficient number of persons to insure such a result.

Advertisement must be made early enough to allow dealers and others convenient time to make inquiries and prepare and deliver their proposals. The length of time that is sufficient will, of course, vary with circumstances. There may be occasions when one day will be sufficient; but, in general, unless the proposals are to be accepted by the station officer without previous bureau authority, not less than five days should be allowed; and when the specifications are such as to make necessary numerous inquiries and calculations a longer time should be given.

Specifications should be as plain as they can be made. Whenever it is possible, in schedules of supplies, the articles should be fully described and the specifications should contain in themselves all the information that dealers will need to be able to bid with understanding.

Articles may be described by trade names, provided the words "or equal" are written after the description. In such case dealers should be made to understand that the articles offered at the lowest prices

will be purchased, if they are satisfactory, even though they are not of the same make. If articles offered under such conditions are not satisfactory for the purpose, a detailed explanatory statement to that effect must be made in the letter of transmittal.

When proposals are forwarded to the bureau they must be accompanied with the form letter of transmittal provided for the purpose.

When a schedule of supplies contains numerous items, and it is recommended that some of the articles be purchased from one bidder and some from another, a comparative schedule of the proposals must be furnished, so that the several bids may be readily compared and the correctness of the figures given in the recommendations verified. Comparative schedules should be made out in the following manner (see par. 8, form letter of transmittal):

Let it be supposed that there are three proposals for a lot of supplies embraced in one schedule; that each of three bidders, A, B, and C, is lowest on some items; and that it is recommended that from each be purchased the articles for which he has made the lowest bid. Make first a list of the articles for which A is the lowest bidder, and give, in separate columns, the prices of all three bidders. Thus:

Articles.	A.	B.	C.
3 carpets.....	\$90.00	\$108.00	\$93.00
6 dining chairs.....	15.00	16.50	18.00
2 desks.....	21.00	24.00	23.00
4 rugs.....	8.00	9.60	8.40
Total.....	134.00	158.10	142.40

Then make a similar list of the articles for which B is the lowest bidder, and so on.

When notice of the approval of a proposal or contract is received at the station, the bidder or contractor should be informed at once by letter.

EXIGENCY PURCHASES.

No purchase the necessity for which should have been foreseen and provided for is an exigency purchase within the meaning of paragraphs 649 and 650 of the Regulations. The cases enumerated in paragraph 650 are given as examples for cases where a public exigency may make necessary an expenditure without special authority; but if the necessity for an expenditure is foreseen, no matter what the object of the expenditure may be, application should be made to the bureau for authority therefor. The rule applies even in cases where it is certain that competitive proposals for the articles or service can not be obtained.

METHODS TO BE FOLLOWED IN MAKING PURCHASES UNDER AUTHORITY CONTAINED
IN PARAGRAPH 649, REGULATIONS OF THE SERVICE.

1. When the necessity for an article or service is not so urgent as to prevent the purchase thereof under proposals received after advertising by poster and circular letter, you are directed to follow this procedure in making such purchases. The lowest or most advantageous proposal received should be accepted, the article or service ordered from the successful bidder, and all proposals received forwarded to the bureau with the voucher rendered for the expenditure incurred. If one of the higher proposals received is accepted, the reasons for such action should be clearly set forth in a letter of transmittal.

2. When the necessity for an article or service is so urgent as to preclude advertising by means of poster and circular letter, but, nevertheless, there is time available for direct personal solicitation of competition, you are directed to solicit competition by means of the telephone, personal visit, or otherwise. Each proposal thus secured shall be confirmed in writing and the written confirmation treated as a proposal. As mentioned in the preceding paragraph, the lowest or most advantageous proposal received shall be accepted, the order placed with the successful bidder, and all proposals forwarded to the bureau with the voucher rendered for the expenditure incurred. If one of the higher proposals received is accepted, the reasons for so doing should be given in a letter of transmittal.

3. When the necessity for an article or service is so urgent that there is no time available in which to obtain competition by either of the methods mentioned in the two preceding paragraphs, the article or services required may be procured by open purchase or contract in the manner in which such articles are usually bought and sold, or such services engaged, between individuals. On the face of vouchers for expenditures incurred in this manner, or without competition, the reason why it was not practicable to obtain competition should be given.

4. Paragraph 649, Regulations of the Service, should be cited as authority on all vouchers incurred in the manner prescribed in the three preceding paragraphs. There should also be given on the face of these vouchers the reasons which necessitated incurring the expenditure under exigency, i. e., without previous authority from the bureau.

STATIONERY.

Requisitions for stationery supplies, Form 2162, shall be forwarded to the bureau on April 1 of each year and shall include a year's supply of each item required. Supplementary requisitions on Form 2163 shall be forwarded when additional supplies are necessary. Exigency purchases not to exceed \$5 may be made for stationery supplies when the articles are necessary for immediate use and the service should be embarrassed if the supplies were not obtained at once. Such exigency purchases of stationery shall be made by one of the three methods outlined above.

VOUCHERS FOR EXIGENCY PURCHASES.

The importance of strict compliance with the foregoing requirements with respect to purchases under exigency is best illustrated by the following incident:

The disbursing clerk of the Treasury Department recently requested a decision of the Comptroller of the Treasury as to whether he had authority to pay a bill for two dozen hemmed napkins, \$6.24, and one hand bell, 85 cents, which were purchased by an officer of the service as an emergency. The decision of the comptroller, dated March 31, 1914, states that "it was the duty of the surgeon in charge of the marine hospital to advertise for proposals to furnish the supplies in question, in one of the two methods set forth by regulations," and further, that "the mere statement that an emergency existed for the purchase of the articles is by no means conclusive upon the question. An exigency or emergency justifying such a purchase must be not the creature of some one's imagination but a condition predicated upon facts."

Paragraph 649 of the regulations prescribes that in all bills contracted without special authority the nature of the exigency shall be stated in full on the face of the voucher. This means that the facts constituting the exigency shall be stated. A certificate to the effect that the articles or services were "immediately necessary," or that a "public exigency required the immediate delivery or performance" is not sufficient. Such a certificate states merely a conclusion drawn from facts instead of the facts themselves. In short, the statement must show, not merely state, that the expenditure was immediately necessary and must show why the necessity was not foreseen and provided for.

Another recent decision of the Comptroller of the Treasury directs that payment of an exigency voucher that does not bear on its face a statement explaining why the necessity could not have been foreseen by ordinary care shall be refused. Accordingly hereafter every such incomplete voucher will be returned to the officer who rendered it, and in default of a satisfactory explanation it can not be paid.

Whenever it is possible such bills should be itemized and unit prices should be given, as well as any other information necessary to enable the bureau to judge of the reasonableness of the bill.

RUPERT BLUE,
Surgeon General.

Relative to Forwarding Estimates of Repairs and New Construction of
Buildings.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 11, 1914.

Bureau Circular Letter No. 35.

*To medical officers in charge United States marine hospitals and
quarantine stations:*

You are informed that the department has advised the bureau that arrangements will be made to have a yearly inspection made of marine hospitals and quarantine stations by technically qualified inspectors of the Supervising Architect's Office for the purpose of ascertaining the conditions and the necessity for major repairs.

It is intended to make the first inspection during the months of May and June of this year and to repeat such inspections in the following years at about the same time.

The first inspection will be for the purpose not only of getting data for repairs, but also of obtaining reliable data, which are now missing, regarding the topography of the stations, the number of buildings located thereon, breakwaters, bulkheads, wharves, etc., and their general condition, supplemented by bird's-eye photographs of the different buildings or groups of buildings. Copies of these will be supplied to the Public Health Service.

It is the opinion of the department that one yearly inspection should be sufficient for the purpose, and that it will not be necessary for the custodians to call for intermediate inspections regarding minor repairs, etc.

The annual detailed estimate of amounts required for ordinary repairs and the annual detailed estimate of amounts necessary for new construction should be forwarded to the bureau on May 1 instead of July 1, as has previously been the custom, in order that the inspectors may have these reports in hand when they inspect the stations.

RUPERT BLUE,
Surgeon General.

Marine Hospitals and Quarantine Stations Made Available for Care of Sick
and Wounded of the Army and Navy.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 25, 1914.

Bureau Circular Letter No. 36.

To medical officers of the Public Health Service:

The United States marine hospitals and quarantine stations are hereby made available for the reception of the sick and wounded of

either the United States Army or the United States Navy, and you are hereby directed upon written request of the proper military or naval authority to receive and care for said patients, the service to be reimbursed the actual cost of maintenance.

RUPERT BLUE,
Surgeon General.

Approved:

W. G. McADOO, *Secretary.*

THE WHITE HOUSE,

Approved:

WOODROW WILSON.

April 27, 1914.

Reports of the Prevalence of Disease.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 28, 1914.

Bureau Circular Letter No. 37.

To medical officers of the United States Public Health Service:

With reference to the weekly reports which medical officers have been forwarding of the prevalence of disease in the localities in which they are stationed, you are informed that the health departments of most of the important cities of the United States forward each week to the Surgeon General a morbidity report on blank Form 8960 furnished by this service, of which a copy is inclosed.

Where the city health department is forwarding these reports, duplicate reports obtained from the same source and containing the same information are unnecessary and are not desired. (This does not apply to the telegraphic reports of epidemics and of unusual disease conditions required by paragraph 745 of the regulations.)

The cities which report direct to the bureau are those which appear each week in the Public Health Reports in the table for diphtheria, measles, scarlet fever, and tuberculosis. If the city in which you are stationed does not appear in this list and the enforcement of the notification of the communicable diseases is such that the information available at the health department shows the prevalence of these diseases, you are directed, if you are the ranking service officer on duty in the city, to secure from said health department each week the necessary information and forward to the bureau a report on Form 8960, a supply of which will be furnished to you upon request.

Respectfully,

RUPERT BLUE,
Surgeon General.

1 inclosure.

Rate of Charge for Soldiers and Seamen Admitted to Marine Hospitals.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 30, 1914.

Bureau Circular Letter No. 38.

To medical officers in charge, United States marine hospitals and quarantine stations:

The rate of charge for soldiers and seamen admitted to United States marine hospitals and quarantine stations under the provisions of Bureau Circular Letter No. 36, dated April 25, 1914, is hereby fixed at a uniform rate of 75 cents per diem.

RUPERT BLUE,
Surgeon General.

Approved:

B. P. NEWTON,
Assistant Secretary.

Method of Treatment and Certification of Freight in Foreign Ports Destined to United States Ports.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, May 15, 1914.

Bureau Circular Letter No. 39.

To officers of the United States Public Health Service, consular officers, and others concerned:

The object of this circular is to facilitate the interpretation of certain paragraphs in the United States Quarantine Regulations relating to the certification of freight in foreign ports when destined for United States ports, and to aid consular officers and medical officers of the United States Public Health Service, when assigned to duty in United States consulates in foreign countries, in deciding upon the treatment to be accorded in individual cases.

PARAGRAPHS OF THE QUARANTINE REGULATIONS RELATIVE TO THE CERTIFICATION OF FREIGHT.

(a) Paragraph 13, page 22:

Bedding, upholstered furniture, soiled wearing apparel, personal effects, and second-hand articles of a similar nature, coming from a district known to be infected with cholera, smallpox, typhus fever, or as to the origin of which no positive evidence can be obtained, and which the consular or medical officer has reason to believe are infected, should be disinfected prior to shipment. In the case of typhus fever the destruction of vermin should be assured. Articles similar to the above mentioned, if from a district infected by plague, should be inspected, and, if necessary, disinfected and treated to destroy vermin.

(b) Paragraph 14, page 22:

Articles from an uninfected district shipped through an infected port may be accepted without restriction if not exposed to infection in transit.

(c) Paragraph 17, page 22:

Any article presumably infected, which can not be disinfected, should not be shipped.

(d) Paragraph 27, page 25:

Certain food products, viz, unsalted meats, sausages, dressed poultry, fresh butter, fresh milk (unsterilized), fresh cheese, coming from cholera-infected localities or through such localities, if exposed to infection therein, should not be shipped. Fresh fruits and vegetables from districts where cholera prevails shall be shipped only under such sanitary supervision as will enable the inspector to certify that they have not been exposed to infection.

(e) Paragraph 28, page 25:

All rags and textile fabrics used in the manufacture of paper and for other purposes which are collected, packed, or handled in any foreign port or place, with the exceptions as hereinafter specified, shall, prior to shipment to the United States, be subjected to disinfection by one of the prescribed methods. (Jute bags or bagging used in baling cotton, old rope, new cotton, or linen cuttings from factories not included.) The disinfection of the articles mentioned above shall be performed under the supervision of a United States consul or a medical officer of the United States, and a certificate in duplicate, signed by said consul or medical officer, shall be issued with each consignment of same, which certificate shall identify the articles and state that they have been disinfected in accordance with the United States Quarantine Regulations. The original certificate of disinfection shall be attached to the consignee's invoice, and where the articles are carried by sea the duplicate certificate of disinfection shall be attached to the bill of health issued to the vessel conveying the same.

Exceptions.—Such articles shipped from the Dominion of Canada directly to the United States shall be exempt from this requirement if accompanied by affidavits demonstrating to the satisfaction of the collector of customs at the port of arrival that they have actually originated in Canada and have not been shipped from a foreign country to Canada, and thence shipped to the United States; and, further, that the port or place where collected or handled has been free from quarantinable disease for 30 days prior to shipment.

(f) Paragraph 39, page 27:

Articles which harbor or are liable to harbor rats or rat fleas should not be shipped until freed of such vermin, either by the use of chemicals, fumigation, or solutions, or by preventing the access of rats for 15 days before shipment. The nature of the merchandise and the place and method of stowing prior to shipment must be considered in determining its liability to be a rat or vermin carrier, thus: Bundles of hides, bags of grain, etc., so stowed as to be used as nesting places for rats would be flea, and might be rat, carriers.

When the cargo of a vessel consists of grain or other rat food, extra precautions should be taken to prevent rats from going aboard.

Hides, chemically cured, are not liable to harbor rats or rat fleas; and loose, single hides are less liable to do so than when baled.

CERTIFICATION OF FREIGHT FROM LOCALITIES INFECTED OR SUSPECTED OF
BEING INFECTED WITH PLAGUE.

1. In the case of vessels which have been rendered rat free by fumigation just prior to receiving cargo the following cargo may be loaded without treatment:

a. Filled rat-proof containers, such as kegs, barrels, cans, boxes, or cases.

b. Moist or green and dry hides, if the bundles are opened to inspection to determine freedom from rats.

NOTE.—Paragraph 15, page 22, of the Quarantine Regulations should invariably be borne in mind in connection with the certification of hides, and particular attention should be given to any other regulations as to the importation of live animals.

“Paragraph 15: Nothing in these regulations shall be construed to modify or affect in any way any existing restrictions promulgated by the Secretary of the Treasury, at the instance of the Secretary of Agriculture, regarding the importation of hides of neat cattle.”

c. Upholstered furniture, general personal effects, and second-hand articles, curios, feathers, mattresses, matting, wool and furs, crated bamboo ware, plants, bulbs and seeds, rope, cuttings, bones, tendons, bone meal, hides, horns, hoofs, hair, bristles, etc., if it can be determined that the articles and their containers are rat free.

NOTE.—If the consular or medical officer is unable to make arrangements for determining whether the articles are rat free, then two courses of action are open. One is to have the freight fumigated for the destruction of rats, and the other is to recommend against the shipment of the freight and make a special report of the incident for the quarantine officer at the United States port of arrival.

2. In the case of vessels which have not been rendered rat free by fumigation just prior to receiving cargo the following cargo may be loaded without treatment:

Filled rat-proof containers, such as kegs, barrels, boxes, or cases.

NOTE.—In case cargo not coming within this classification is shipped the officer issuing the bill of health should notify the quarantine officer at the port of destination, so that he may, in his discretion, require fumigation of the vessel to kill rats prior to removal of cargo or inspections of the cargo to determine its freedom from rats.

FUMIGATION OF CARGO.

The fumigation of cargo incapable of being injured by sulphur gas should be carried out by exposure for 6 to 12 hours, according to the character of the freight, to sulphur dioxide gas 4 per cent. Freight which would be injured by sulphur gas may be treated, if practicable,

by hydrocyanic gas (see par. 188, United States Quarantine Regulations), but extreme care is necessary to guard against danger to human life.

CARGO WHICH CAN NOT BE DISINFECTED.

Paragraph 17: Any article presumably infected which can not be disinfected should not be shipped.

CARGO TO BE PROHIBITED SHIPMENT FROM PLAGUE-INFECTED OR PLAGUE-SUSPECTED PORTS.

Fruits and vegetables, especially potatoes and onions, unless packed in tight boxes or containers, or else in crates protected by $\frac{1}{2}$ -inch wire mesh.

MISCELLANEOUS FREIGHT NOT COVERED IN ABOVE CLASSIFICATION.

Human hair, if treated by immersion in kerosene oil, may be passed, also human hair arranged in hanks and packed so that it will not harbor rats or fleas. Hair other than human, bristles and feathers, should be immersed in kerosene oil if originating in infected or suspected localities. Soiled wearing apparel should invariably be boiled, steamed, or exposed to formaldehyde gas in an air-tight compartment. If formaldehyde be used, follow directions in either paragraph 165 or 166, page 48, of the United States Quarantine Regulations.

FREIGHT FROM CHOLERA-INFECTED PORTS.

Certification of freight with regard to cholera depends solely upon whether it contains foodstuffs which may have become infected in the process of packing. In the event there is doubt as to whether such articles are liable to convey the infection of cholera, they are not to be subjected to any process of fumigation, but are simply to be rejected and the facts reported to the quarantine officer at the port of arrival, in the event shipment is made despite the rejection of the freight. Unsalted meats, sausages, dressed poultry, fresh butter, fresh milk (unsterilized), fresh cheese, fresh fruits and vegetables, and the like should not be shipped from cholera-infected localities.

RAGS.

Rags should be considered separately from old gunnies, bags, ropes, etc. The latter should be considered from the standpoint of their liability to harbor rats and fleas. Rags are especially covered by the regulations (see par. 28, p. 25, U. S. Quarantine Regulations) and

should be disinfected by steam under pressure, or else by one of the recognized processes for the preliminary treatment of rags, as follows:

1. The rags are placed in a brick oven and subjected to sufficient heat to dry them out thoroughly. Then a spray of hydrochloric acid is passed through them for a period of one hour, or until every fiber of cotton is absolutely penetrated. The spray is then turned off, and the rags are again subjected to heat until they are absolutely dry again. They are then taken to a shaker into which heat is injected and thoroughly dusted out. They are then taken to a large vat and thoroughly washed with clean water to neutralize the effect of the acid. A modification of this method, also acceptable, may be described as follows:

2. The rags are first dried until they are absolutely free from moisture, and then they are placed in a revolving cylinder and again subjected to the drying heat. They are then treated with muriatic-acid fumes until all vegetable matter is destroyed. They are then well shaken out to remove the carbonized vegetable dust, and afterwards washed in clean water to neutralize the acid, and finally dried.

3. The rags are boiled, with or without soda solution. They are then dried and packed in tight bales.

EGGS.

Eggs packed in rice-straw ashes with a considerable percentage of table salt may be certified without reservation. Hides, horns, hoofs, etc., may be passed if certified to be free from rats.

FORM OF CERTIFICATE TO BE USED BY UNITED STATES CONSULAR OFFICERS
AND, WHEN PRACTICABLE, TO BE COUNTERSIGNED BY MEDICAL OFFICERS
OF THE UNITED STATES PUBLIC HEALTH SERVICE.

CERTIFICATE OF DISINFECTION OR OF NONINFECTION.

No. —

AMERICAN CONSULATE ———, ———, 19—.

I, the undersigned ———, of the United States of America, at ———, do hereby certify that the goods, wares, merchandise, animals, or articles or commodities described in consular invoice No. ———, dated ———, and issued by this consulate ———, have been fumigated, disinfected, or otherwise treated, or exist in the condition specified below, therein meeting the requirements of the quarantine regulations of the United States of 1910, and other instructions as noted, to wit:

(Specimen or sample entries.)

22 bales (mark 1-22) moist hides; inspected; rat free.

6 cases human hair (mark J. D. S. 1-6). Immersed in kerosene oil.

400 bags bonemeal (mark P. M. S. 1-400). Stored 60 days in premises free from plague infection.

Countersigned:

_____,
Surgeon, U. S. P. H. S.

In witness whereof I hereunto set my hand and seal of the consulate _____ of the United States at _____, this _____ day of _____, 191—.

[SEAL.]

Fee, \$_____.

Consul _____.

RUPERT BLUE,
Surgeon General.

Annual Reports.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, May 21, 1914.

Bureau Circular Letter No. 40.

To commissioned medical officers, acting assistant surgeons, and others concerned:

It is hereby directed that annual reports of transactions for the fiscal year ending June 30, 1914, shall be forwarded to the bureau from all stations immediately after July 1. It is essential that these reports be received in the bureau by August 1, 1914, and failure to receive same from any station by that date will necessitate an explanation on the part of the responsible officer.

RUPERT BLUE,
Surgeon General.

Relative to Expendable Property.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, May 27, 1914.

Bureau Circular Letter No. 41.

To medical officers, U. S. Public Health Service:

You are hereby authorized to treat as expendable property the following-named articles, in accordance with paragraph 582, service regulations:

Welsbach burners,
Incandescent lamps,
Stender dishes,
Bottles, glass stoppered,
Test tube brushes,
Rubber corks,
Bone splints,
Centrifuge tubes,

Section lifters,
Bottle brushes,
Tooth brushes,
Capillary tubes,
Graduated blood counting tubes for
centrifuge,
Centrifuge sediment tubes,
Needles, hermotomy,

Needles, intestinal,
 Indelible ink outfit,
 Finger cots,
 Filiform bougies,
 Needles, suture,
 Drooping bottles,
 Fermentation tubes,
 Bell jars,
 Pipettes,
 Slide boxes,
 Staining jars,
 Bottles, balsam,
 Bottles, staining,
 Bottles, oil, immersion,
 Wire gauze, brass,
 Test tube cleaners,
 Tent pins,
 Atomizer bulbs,
 Hose for gas range or stove,
 Pinch cocks,
 Ink pads,
 Droplight shades,
 Needles, necropsy,
 Apochromatic plates,
 Drainage tubes, bone,
 Flower pots,
 Eclipse plates,
 Stop cocks,
 Irrigator spout caps,
 Beakers, glass,
 Splints, basswood,

Rubber cocks,
 Bones for steel erasers,
 Feeding tubes,
 Glass nozzles,
 Glass eye baths,
 Scythe stones,
 Whalebone bougies,
 Goggles,
 Rifle stones,
 Stencil plates,
 Fly killers,
 Urine percentage tubes,
 Needles, spinal,
 Haemoglobinometer scales,
 Wide mouth bottles,
 Reagent bottles,
 Porous splints,
 Glass drainage tubes,
 Sputum needles,
 Connecting pieces, glass,
 Flue brushes,
 Needles, Mayo's,
 Needles, Emmet's,
 Recto-colonic tubes,
 Lamp shades,
 Spitecup holders,
 Iodoform dusters,
 Rubber spout cups,
 Rubber funnels,
 Rubber gloves,

RUPERT BLUE,
Surgeon General.

Relative to Attaching to Property Returns Lists of Nonexpendable Articles

TREASURY DEPARTMENT,
 BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 2, 1914.

Bureau Circular Letter No. 42.

To medical officers, United States Public Health Service:

You are hereby directed to attach to the property returns certified lists of the nonexpendable articles in vouchers for purchases chargeable to the appropriations under the control of the Supervising Architect, instead of attaching the lists to the vouchers as directed in bureau letter of June 8, 1907.

Also attach to the property returns certified lists of the nonexpendable articles on invoices of stationery furnished on requisitions.

RUPERT BLUE,
Surgeon General.

Registration of Births and Deaths on Government Reservations.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 8, 1914.

Bureau Circular Letter No. 43.

To medical and other officers, United States Public Health Service:

You are directed to pay particular attention to compliance with local laws and regulations regarding the registration of births and deaths. You are directed further to see that these laws are complied with by all persons living on any reservation under your charge.

In localities where there is no requirement for the registration of births or deaths these shall be reported to the Surgeon General upon the standard birth and death certificates, copies of which will be furnished by the bureau upon request.

Respectfully,

RUPERT BLUE,
Surgeon General.

Prompt Rendering of Traveling Expense Vouchers.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, D. C., July 8, 1914.

Bureau Circular Letter No. 44.

To officers and other employees, United States Public Health Service:

In order to close the accounts of appropriations for the fiscal year ended June 30, 1914, you are instructed to forward to the bureau without delay any pending bills for traveling expenses incurred during the last fiscal year.

Hereafter vouchers for reimbursement of traveling expenses must be promptly forwarded at the termination of each trip or, if the detail extends over a considerable period of time, immediately at the end of each month.

The memorandum copy of transportation request should be returned to the bureau either immediately after the purchase of transportation or upon completion of the journey, if delay is necessary to complete the routing. The cost of transportation and of Pullman accommodation must be ascertained when purchased and the amount placed on memorandum copy.

Bureau approval of vouchers for reimbursement of traveling expenses will be withheld, unless the above directions are complied with, pending the receipt of the memorandum copy or of an explanation regarding delay in submitting vouchers.

A. H. GLENNON,
Acting Surgeon General.

Clinical Records of Patients Recommended for Transfer to Fort Stanton.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 8, 1914.

Bureau Circular Letter No. 45.

To medical officers, United States Public Health Service:

It is hereby directed that hereafter clinical records of patients recommended to the bureau for transfer to the United States Public Health Service Sanatorium at Fort Stanton, N. Mex., shall be prepared to show the following, viz: Family history; past and present history; condition of the lungs, heart, blood vessels, intestines, stomach, kidneys, liver, blood pressure; stamped diagrams of the anterior and posterior views of the thorax (with marginal notes on the same); records of respiration, pulse rate, and temperature; result of examinations of the blood, urine, and sputum; area and extent of tubercular involvement; and general physical condition of the patient.

Each clinical report should be typewritten.

A. H. GLENNAN,
Acting Surgeon General.

Relative to Right of Relief of Bar Pilots and Fishermen as Patients of the U. S. Public Health Service.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 15, 1914.

Bureau Circular Letter No. 46.

To commissioned medical officers and acting assistant surgeons, United States Public Health Service, and customs officers:

The following decisions, rendered by the Comptroller of the Treasury, are included in his letters addressed to the honorable the Secretary of the Treasury, under dates of May 8 and 26, 1914, and are hereby made known for your information and guidance.

Under date of May 8, 1914, the comptroller states in part, regarding the right of bar pilots to the benefits of the service, that—

* * * the only persons entitled to treatment at Government expense in hospitals provided by the Public Health Service (with certain exceptions not here material) are "sick and disabled seamen employed in registered, enrolled, and licensed vessels of the United States." (Sec. 4803, R. S.)

Section 3 of the act of March 3, 1875 (18 Stat., 485), provides: "That term seamen, whenever employed in legislation relating to the marine-hospital service (now Public Health Service), shall be held to include any person employed on board in the care, preservation, or navigation of any vessel, or in the service, on board, of those engaged in such care, preservation, or navigation."

It will be observed that all seamen are not entitled to free treatment at Public Health Service hospitals, but only those employed in registered, enrolled,

or licensed vessels of the United States. And while the term "seamen," as above defined, might, and no doubt would, include pilots, it does not follow that all pilots are entitled to the relief. If a pilot is regularly employed as a member of the crew or complement of a registered, enrolled, or licensed vessel of the United States, he would be entitled to the relief the same as other seamen so employed. But I do not understand that these bar pilots are thus employed.

The pilot boats are used by them only as a means of reaching the vessels which they are to pilot in and of returning to the shore from vessels piloted out. While they may perform some duties on said pilot boats, such duties are merely incident to the travel between the outer stations and the shore stations. Their real duties, that is, the duties for which they receive compensation, are performed on the vessels which they pilot in or out. Therefore, they can not be said to be employed on the pilot boats.

Neither are they employed on the piloted vessels. They are not members of the crew or complement of men of said vessels, and in piloting them in or out of the port they are acting not in the capacity of employees of the vessel but are rendering a special service compensated for by fees provided by city ordinance and are regarded rather as officers of the port.

You are advised, therefore, that bar pilots, as such, are not entitled to relief furnished by the United States Public Health Service.

In letter dated May 26, 1914, the comptroller states in part as follows relative to the right to the benefits of the service by persons carried on the rolls of fishing vessels as seamen, but whose services are not actually required in the care, preservation, or navigation of said vessels:

* * * Such persons are not entitled to the benefits in question unless they are "seamen employed in registered, enrolled, or licensed vessels of the United States." (Sec. 4803, R. S.)

Carrying a man on the rolls of a vessel as a seaman does not necessarily make him a seaman. To be regarded as a seaman within the meaning of the laws relating to the Public Health Service, a person must be "employed on board in the care, preservation, or navigation" of a vessel or be "in the service on board of those engaged in such care, preservation, or navigation." (Sec. 3, act of Mar. 3, 1875, 18 Stat., 485.)

It appears from the evidence accompanying your submission that the real work for which these fishermen are employed, and for the performance of which they receive compensation, is to be performed not actually on board the vessel but in small boats. But I understand that these small boats constitute a part of the necessary equipment of the fishing vessel, and that the fishermen live on said vessels, except when actually on duty in the small boats, during the entire period of their employment. If such be the case, I am of the opinion that they must be regarded as in the service, on board, of persons engaged in the care, preservation, or navigation of the fishing vessel. And if said vessel is a registered vessel of the United States, they are entitled to the benefits of the Public Health Service to the same extent and under the same conditions as are the members of the regular crew of the vessel.

The question submitted is answered accordingly.

A. H. GLENNAN,
Acting Surgeon General.

**Reports to Bureau to be Typewritten, Double Spaced, and Information
Regarding Illustrations to be Given.**

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 31, 1914.

Bureau Circular Letter No. 47.

*Medical officers, United States Public Health Service, and others
concerned:*

In making reports to the bureau you are directed, where possible, to have them typewritten and double spaced.

Drawings submitted with reports should be stated to be originals, or, if copies, proper acknowledgment should be made of the source from which they were taken. Photographs submitted as illustrations should show whether they may be used, to whom they belong, by whom they were taken, and whether they may be kept by the bureau. Reports should be forwarded with a letter of transmittal.

Respectfully,

RUPERT BLUE,
Surgeon General.

**Standardization at Field Stations of Cards, Filing Equipment, Etc., in
Accordance With Sizes Adopted in Washington.**

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 25, 1914.

Bureau Circular Letter No. 48.

*Medical officers and other employees, United States Public Health
Service:*

By direction of the Secretary of the Treasury, you are hereby instructed to conform to the following resolution recently adopted by the General Supply Committee:

It is recommended that the Secretary of the Treasury request the heads of the several executive departments and independent Government establishments having field services, where work is conducted in conjunction with the Washington offices which requires the use of cards, filing equipment, or other office equipment which has been standardized, to use in the field service the sizes upon which the Government has standardized in the Washington offices, as this is the only means by which confusion and embarrassment will be avoided.

RUPERT BLUE,
Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 8, 1914.

Bureau Circular Letter No. 49.

To officers in charge of marine hospitals and relief stations:

There is transmitted herewith a supply of blanks (Form 1922), copies of which are to be used hereafter in rendering monthly reports of relief furnished patients of the service.

All other blanks on hand bearing the above number should be destroyed at once.

A. H. GLENNAN,
Acting Surgeon General.

Relative to Claims for Exemption at the Source Under Income Tax Law.

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH SERVICE,
Washington, October 19, 1914.

Bureau Circular Letter No. 50.

Commissioned officers and others concerned, United States Public Health Service:

There is inclosed herewith a copy of the law and regulations relative to the income tax, together with a blank exemption certificate, which is to be completed and forwarded as soon as possible to the disbursing officer by whom payments of salary, including commutation of quarters, are made.

Attention is called to paragraph C of the Federal income-tax law of October 3, 1913, on page 6 of the inclosed copy of the law. This claim for exemption in no wise affects the return to the collector of internal revenue required to be made by paragraph D of said act.

The disbursing clerk of the Treasury Department will deduct the income tax from the salary and commutation checks of officers, due December 31, 1914, who are paid by him; in other cases deductions will be made by the special disbursing agent in your district.

The income tax will not be retained at the source until the amount exceeds the exemption. When no deductions are made at the source on account of salary and commutation of quarters, full settlement must be made with the Collector of Internal Revenue, to whom return is made.

RUPERT BLUE,
Surgeon General.

Completion of Vouchers.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 10, 1914.

Bureau Circular Letter No. 51.

Medical officers, United States Public Health Service, and others concerned:

In many vouchers received at the bureau the paragraphs on the reverse, cited in the certificate on the face, are not completed.

The statements on the reverse of the voucher are an essential part of it, and they should always be completed before the voucher is forwarded to the bureau, with the exception of (B), which should be left blank.

When a written proposal has been accepted in writing by the officer in charge of the station the proposal and a copy of the notice of acceptance must accompany the voucher.

When the reference is to 4 under "Method or absence of advertising," the reason why competition could not be obtained must be stated.

When the reference is to (C) under "Form of agreement," the character of the agreement must be shown; for instance, whether it was oral, or whether it consisted of a written offer and an oral acceptance. In the latter case the proposal must accompany the voucher.

RUPERT BLUE,
Surgeon General.

Relative to Sick Officers of the Revenue-Cutter Service.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 22, 1914.

Bureau Circular Letter No. 52.

To medical officers of the United States Public Health Service:

Whenever it is necessary to give an officer of the Revenue-Cutter Service a certificate recommending leave of absence on account of sickness, for two weeks or more, you are directed to send a clinical report of his case, in duplicate, to the bureau, giving his symptoms and a statement of his physical condition, particular attention being given to the heart, lungs, kidneys, and organs of special sense.

The Revenue-Cutter Service desires to have its sick officers treated at marine hospitals, and therefore no recommendation should be

made that they spend their leave at their homes, except under unusual circumstances.

RUPERT BLUE,
Surgeon General.

Directions for Transmission of Pathological Specimens to the Hygienic Laboratory.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 28, 1914.

Bureau Circular Letter No. 53.

To medical officers of the United States Public Health Service:

Specimens of blood forwarded from marine hospitals and other stations to the Hygienic Laboratory must be prepared in the following manner: For Wassermann test, 10 c. c. of blood must be removed from an arm vein with a sterile needle and syringe, and placed at once in a large test tube, or if there is a centrifuge available, in a centrifuge tube. After the clot has become hard it should be separated from the wall of the tube with a sterile needle, and then allowed to contract in a cool place (overnight in the ice box) until an ample amount of the clear serum is separated. If a centrifuge is available, a clearer serum may be obtained by centrifuging, but if not, it is sufficient to pipette off or carefully decant the clear serum into a sterile rubber-stoppered glass vial. The stopper having been firmly inserted and the vial labeled with identifying marks, the specimen should be protected by wrapping with cotton, packed, and marked in accordance with the postal regulations. For Widal test, the same technique must be followed, but 5 c. c. of blood will be sufficient.

The postal regulations, a copy of which is inclosed, should be strictly followed in the transmission of pathological tissues or fluids. Bottles and mailing cases for your use will be sent from the Purveying Depot. If any more bottles or mailing cases are desired, requisition should be sent to the depot. When a specimen is forwarded to the Hygienic Laboratory, the bottle and mailing case will be returned to you for further use.

Great care should be exercised in labeling the specimens, so that full identification is possible, and the nature of the examination desired should be briefly stated on the label, since it frequently happens that the letter giving these particulars is not received as soon as the specimen itself. A brief clinical history should be transmitted with each specimen.

RUPERT BLUE,
Surgeon General.

Blood should be drawn before meals to avoid excess of chyle in the serum.

Requisitions for Blanks and Books.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 22, 1915.

Bureau Circular Letter No. 54.

Medical officers and other employees, United States Public Health Service:

Your attention is called to the inclosed copies of the new edition of Form 1906, and you are directed to use this new blank exclusively in making requisitions for blanks and books, and to immediately destroy all old copies of this form now on hand.

It will be observed that there has been added to this form a considerable number of blank books, which the bureau believes may be found very useful at some of the stations of the service. However, it is desired that these books be asked for only after careful consideration as to the need for the same, and the quantities requested should be limited to actual necessities. In general, the blank books of small size and of few pages will be found most useful as well as more economical to the Government.

It is further directed that hereafter requisitions on this form be submitted in duplicate.

Care should be taken that the name of the officer and the post-office address be clearly and legibly written.

Attention is particularly directed to the "Instructions" on the final page of the requisition. Careful observance thereof will facilitate action and avoid the return of the paper to the officer.

RUPERT BLUE,
Surgeon General.

Inclosures.

Requisitions for Stationery Supplies.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 22, 1915.

Bureau Circular Letter No. 55.

Medical officers, United States Public Health Service, and others concerned:

Your attention is called to the attached copies of Treasury Department Forms 2162 and 2163, which are the proper forms for making the annual and special requisitions, respectively, for stationery supplies.

The annual requisition should be made on April 1 (par. 634, service regulations), and the quantities asked for should be kept to the

lowest minimum consistent with reasonable needs. Should necessity arise during the course of the year for additional supplies, they may be asked for in a supplemental requisition on Form 2163.

Care should be taken that the name of the officer and the post-office address be completely and legibly written.

All requisitions for stationery, both annual and supplemental, should hereafter be submitted in duplicate.

RUPERT BLUE,
Surgeon General.

Construction Placed Upon Executive Order Dated December 28, 1914.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, February 25, 1915.

Bureau Circular Letter No. 56.

Medical officers of the United States Public Health Service:

Your attention is called to the following copy of a letter from the Assistant Secretary of the Treasury placing a construction upon Executive order dated December 28, 1914, which requires that "No employee shall be promoted during probation except upon the approval of the commission previously obtained":

FEBRUARY 9, 1915.

The SURGEON GENERAL,
Public Health Service.

SIR: By direction of the Secretary, and referring to your indorsement upon a communication of the medical officer in charge at San Francisco, Calif. of the 31st ultimo, you are informed that Executive order dated December 28, 1914, amending civil service Rule XI, paragraph 2, in that "no employee shall be promoted during probation except upon the approval of the commission previously obtained," applies to all stations of the Public Health Service with the exception of those quarantine stations which are subject to the provisions of paragraph 7, subdivision 3, of Schedule A, of the civil service regulations, viz, Cape Charles, Columbia River, Fort Stanton, Gulf, Key West, Mobile, Mullet Key, Reedy Island, San Francisco, and South Atlantic.

However, recommendations may be made for the promotion, during probation, of attendants at any of the stations of the Public Health Service other than those mentioned above, the approval of such recommendations being subject to the action of the Civil Service Commission.

Respectfully,

BYRON R. NEWTON,
Assistant Secretary.

From this letter it will be seen that while promotions of attendants may be made in the event of a vacancy occurring, these promotions are subject to the action of the Civil Service Commission.

RUPERT BLUE,
Surgeon General.

Treatment of Officers and Other Employees of the Lighthouse Service.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 27, 1915.

Bureau Circular Letter No. 57.

To officers in charge of marine hospitals and relief stations of the United States Public Health Service:

In accordance with department approval of March 16, 1915, you are informed that hereafter hospital and out-patient treatment shall be furnished to officers and other employees of the Lighthouse Service who are not entitled to free treatment under the provisions of paragraph 459, regulations of the service, and that for such treatment the service is to be reimbursed by the Department of Commerce at the same rates as are now, or may be hereafter, charged for the treatment of officers and enlisted men of the United States Army and Navy. For rates of charge, see page 28 of Treasury Decisions No. 34,559, dated June 16, 1914. Bills for reimbursement should be rendered in duplicate on forms 1927 and 1928 and both the original and duplicate forwarded to the bureau for the proper adjustment of funds.

Patients admitted to treatment at stations of the service, in accordance with the above, are not subject to the provision relative to the transfer of patients to marine hospitals. Each applicant for relief must present a written application signed by his superior officer or the officer in charge of his party.

RUPERT BLUE,
Surgeon General.

Use of Government Transportation Requests.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 7, 1915.

Bureau Circular Letter No. 58.

To officers in charge of marine hospitals and relief stations of the United States Public Health Service:

You are informed that, in accordance with department approval of March 18, 1915, transportation for patients from relief stations to marine hospitals, and from one marine hospital to another (not including the transfer of patients to Fort Stanton, N. Mex.), shall be obtained hereafter on Treasury Department transportation requests, a limited supply of which are inclosed herewith. You are

authorized, therefore, to countersign said requests when used for the purpose indicated, provided:

1. That the transfer is authorized in the annual circular entitled "Contracts for the care of seamen, etc."

2. That if not authorized in said circular the transfer has been authorized by the bureau in accordance with provisions contained in paragraph 527, regulations of the service.

You are also authorized to countersign the above-mentioned requests when used in obtaining transportation for attendants required to accompany patients in their transfer from one station to another, provided special authority in each case has been obtained from the bureau.

In using the inclosed requests the instructions contained in the "Notes on transportation requests," instructions printed on the back of each request, and the special instructions given below must be complied with. If, after reading these instructions, you are not sure as to how said requests should be issued and used, you should at once request information as to the same.

The Comptroller of the Treasury has ruled that, when countersigned, transportation companies who accept Government requests in good faith are entitled to reimbursement for transportation furnished thereon. You are informed, therefore, that care should be taken to see that the inclosed requests (or requests forwarded to you in the future) are not lost or stolen, as transportation might in that event be secured on same by forgery. All requests for transportation should be kept under lock and key.

Requisitions for additional supplies of transportation requests should be made in letters addressed to the bureau, and should be made to cover, as nearly as possible, a period of six months.

You are directed to acknowledge the receipt of this circular letter and the inclosed transportation requests.

RUPERT BLUE,
Surgeon General.

SPECIAL INSTRUCTIONS.

1. Date each request when issued.
2. Give full name of the transportation company.
3. Give full name of the traveler in whose name a request is issued and the number of other persons to be furnished transportation on the same request.
4. If more than one person is to be furnished transportation on one request, the names of the other persons should be written on the back of the request at the end next to the stub.
5. Give names of places to and from which transportation is to be furnished.
6. If more than one transportation company is involved, give the initial of the other companies in the space provided for that purpose.
7. State the number and class of tickets to be furnished—as one first-class limited ticket.

8. If sleeping-car accommodation is to be furnished, give the number of upper or lower berths and whether in standard or tourist sleeper—as one standard lower (or upper) berth, or one tourist lower (or upper) berth. Sleeping-car accommodations should not be furnished unless absolutely required. All space not required should be stricken out.

9. It is necessary that the kind of transportation or accommodations to be furnished be clearly indicated in each request and that the spaces not required be stricken out.

10. Below your written countersignature stamp or write your official title.

11. The traveler in whose name a request is issued must certify thereon that the transportation was actually received by him. In preparing this certification the following instructions should be carried out:

(a) The name of place and date should in all cases be given in spaces provided for that purpose.

(b) If transportation was “furnished as above” the words “or as follows” and all blank spaces (other than spaces for place and date) should be canceled.

(c) If transportation was not “furnished as above” the traveler should state in the proper spaces exactly what was furnished—as one first-class limited ticket or one standard lower berth.

12. The official title should be given after the signature of a traveler in his certification on a transportation request. If the traveler is a seaman, the word “Seaman” should follow such signature.

13. The stub to which each request is attached must be filled out as indicated thereon.

14. The memorandum copy of each request must be forwarded to the bureau as soon as the original request is issued.

15. Each book of stubs, together with any spoiled requests, should be forwarded to the bureau.

16. The provisions contained in paragraph 7, Treasury Decisions No. 34559, dated June 16, 1914, should be disregarded, as transportation companies will render their own bills based upon the requests received and honored by them.

17. Transportation requests should not be given to patients, but the officer who issues a transportation request should obtain the ticket and deliver same to the patient. The officer should see that the patient after he has been provided with a ticket proceeds on his journey.

18. Referring to paragraph 528, regulations of the service, you are informed that hereafter in each case where a sick or disabled seaman is furnished transportation to a marine hospital for treatment, two relief certificates, respectively indorsed on the outer fold “Original” and “Duplicate,” shall be made out and signed at the station where transportation is furnished. The original will be forwarded to the medical officer in charge of the marine hospital where the seaman is to be admitted and the duplicate delivered to the seaman for presentation to the said medical officer. Upon the admission of the seaman at the marine hospital the medical officer in charge shall forward the original relief certificate to the bureau with the date of his admission noted on the outer fold thereof. If, after a reasonable period, a seaman does not present himself the officer in charge of the marine hospital shall forward the original relief certificate to the bureau with a notation made on the outer fold thereof that said seaman did not present himself for admission to hospital treatment. The memorandum copy of transportation requests to be forwarded to the bureau, in accordance with paragraph 14, takes the place of the “triplicate” relief certificate heretofore issued.

Relative to the Transfer of Patients to Marine Hospitals.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 7, 1915.

Bureau Circular Letter No. 59.

To officers in charge of relief stations of the United States Public Health Service:

Referring to Bureau Circular Letter No. 58, relative to the use of Government requests for transportation, it is thought that as an explanation of the reasons underlying the instructions given in paragraph 5, Treasury Decisions No. 34559, dated June 16, 1914, the following remarks relative to the transfer of patients to marine hospitals for treatment may be of value in that the conditions governing the transfer of said patients may be better understood.

1. The cost for the care and treatment of a patient at a marine hospital is about 50 cents a day. Whether or not a patient should be transferred to a marine hospital (considered only from an economic standpoint) depends, therefore, on whether a saving would be effected by taking such action. The points to be considered are: First, the length of treatment probably required; second, the per diem cost of treatment at the relief station; third, the cost of transportation; and, fourth, the per diem cost of treatment at the marine hospital.

2. In no case is it expected that a patient shall be transferred to a marine hospital for treatment if his chances for ultimate recovery are lessened by so doing, or that his physical condition will be unfavorably affected.

3. As a general rule to be followed, a patient who requires more than 20 days' hospital treatment (if it appears that he can bear transportation without injury and without the services of an attendant) should be transferred to the nearest marine hospital for treatment, provided such transfers are authorized in annual circular entitled "Contracts for the care of seamen, etc.," in accordance with the following instructions:

(a) Should a patient apply for treatment and be able to bear transportation without an attendant, he should be transferred at once without admitting him to treatment at the local contract hospital to the nearest marine hospital, provided he requires treatment, in your opinion, for a period of 20 days or more, if said transfer is authorized in the above-mentioned circular.

(b) Assuming that it is necessary to admit a patient to the local contract hospital for treatment, he should be transferred to the nearest marine hospital for further treatment as soon as he has improved to such an extent that he can bear transportation without injury, if at such time it is considered that a further period of 20 days' treatment will be required, as stated in the previous part of this paragraph.

4. If authority is not given in the annual circular entitled "Contracts for the care of seamen, etc.," for the transfer of patients from

your station to the nearest marine hospital, authority should at once be requested from the bureau for the transfer of a patient (subject to transfer as mentioned in paragraph 3), as provided for in paragraph 527, regulations of the service.

5. In case a patient requires the services of one or two attendants in order to transfer him to the nearest marine hospital, and he can thus be transferred without injury, recommendation that the necessary attendants be detailed or appointed to make the transfer should at once be made to the bureau. In making such a recommendation, you should state the number of attendants required and the probable period of hospital treatment required.

RUPERT BLUE,
Surgeon General.

Narcotic Supplies for Lighthouse Vessels.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 26, 1915.

Bureau Circular Letter No. 60.

To medical officers of the United States Public Health Service:

The Commissioner of Internal Revenue has informed this bureau that officers of this service may furnish certificates to officers of the Lighthouse Service so that they may purchase narcotic supplies for use of persons upon their vessels.

You are therefore directed to issue these certificates upon application of these officers, signing them in your official capacity.

A. H. GLENNAN,
Acting Surgeon General.

Instructions Regarding the Administration of Antityphoid Vaccine.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, May 29, 1915.

Bureau Circular Letter No. 61.

To medical officers of the Public Health Service:

The following directions should be observed in immunizing persons against typhoid fever:

The first dose is one-half c. c. ($7\frac{1}{2}$ m.); the second and third are each 1 c. c. (15 m.). An interval of at least seven days should elapse between doses. This interval may be extended to the fourteenth day in case of necessity, but after that date previous inoculation should not be counted.

The site of the inoculation is the arm at the insertion of the deltoid muscle. If for any reason this site can not be used, the needle may be introduced in the back, over the lower portion of the scapula or in the chest below the clavicle. The dose to be given subcutaneously, and not into the muscles, not into the skin. The arm should be cleansed as for any other operation. Tincture of iodine painted over the dry skin before and after the injection has proven satisfactory.

The ampule should be washed off in an antiseptic solution and opened after making one or more cuts near the top with a file. The vaccine can be drawn out of the container with a syringe, or it may be emptied into a shallow glass dish, such as a salt cellar, which has been sterilized by boiling.

The syringe and needle should be sterilized by boiling in 2 per cent soda solution. To insure perfect sterilization, draw the piston out to its full length or remove it entirely, so that the barrel is full of water during the boiling. A fresh needle should be used for each person, or, if one needle must be used on two or more persons, it should be resterilized before each injection.

No person should be immunized who is not perfectly healthy and free from fever. The temperature should be taken before immunization is begun, and in doubtful cases the urine should be examined; if fever or any other symptoms of illness are present, the procedure should be postponed. Neither beer nor alcohol in any form should be drunk on the day of treatment. The prophylactic is borne well by children and by women, and doses proportionate to the body weight should be used. Women should not be given the first dose during or near the time of the menstrual period.

The most suitable time for the administration is about 4 o'clock in the afternoon, as the greater part of the reaction is then over by morning. There is usually some headache and malaise, and a local reaction consisting of a red and tender area about the size of the palm of the hand, and sometimes tenderness in the axillary glands. Rarely marked general reactions occur—headache, backache, nausea, vomiting, herpes labialis, occasionally albuminuria, and some loss of body weight. The number of such reactions is exceedingly small, and, regardless of their severity, they as a rule disappear inside of 48 hours.

Antityphoid vaccine can be obtained by sending a requisition for the desired amount to the Director of the Hygienic Laboratory, Public Health Service, Washington, D. C. Glass syringes and needles can be obtained from the Purveying Depot, Public Health Service, 1414 Pennsylvania Avenue NW., Washington, D. C.

A. H. GLENNAN,
Acting Surgeon General.

Vaccination Against Typhoid Fever.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 1, 1915.

Bureau Circular Letter No. 62.

To medical officers and other employees, United States Public Health Service:

You are requested to inform the bureau if you have ever been vaccinated against typhoid fever or if you have had an attack of this disease. If such is the case, you are directed to fill in the inclosed blank and return same to the bureau. If you are under 55 years of age and have never had this disease and have never been vaccinated against it, you are advised to have this vaccine administered to yourself, the blank to be then completed and mailed to the bureau.

The enlisted men and officers of the United States Army, Navy, Coast Guard, Coast and Geodetic Survey, and Lighthouse Services are now protected by vaccination against typhoid fever, and it is the desire of this bureau to have all officers and employees of the service take advantage of this prophylactic. The necessity for this action is emphasized by information recently received by the bureau that a commissioned officer of this service is suffering from typhoid fever.

Before an attendant is nominated for employment in this service he should be asked if he is willing to be vaccinated against typhoid fever, and a written statement to that effect should accompany his nomination. As soon as the approval of the nomination is received the vaccine should be administered and a report to that effect sent to the bureau.

The receipt of this circular letter should be promptly acknowledged.

A. H. GLENNAN,
Acting Surgeon General.

Compliance With State and Local Laws and Regulations to be Carefully Observed.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 8, 1915.

Bureau Circular Letter No. 63.

To officers of the United States Public Health Service:

Your attention is invited to paragraph 133 of the service regulations, reading, in part, as follows: "Commissioned officers shall obey

the local health laws in force at their respective stations when not * * * in conflict with national health laws and regulations * * *." The requirement of this paragraph applies not only to health laws but to regulations promulgated pursuant to law.

Officers of the Public Health Service are directed to familiarize themselves with the State and local requirements regarding the notification of cases of disease, wherever they may be stationed, and to carefully observe the requirements whenever they have cases of any notifiable disease under their care.

These instructions apply to all officers of the service.

The receipt of this letter is to be acknowledged.

A. H. GLENNAN,
Acting Surgeon General.

The Use of Penalty Envelopes and Labels.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 11, 1915.

Bureau Circular Letter No. 64.

To officers and others concerned, United States Public Health Service:

For your information the following statement of the law governing the use of penalty envelopes and penalty labels is quoted from the "United States Postal Laws and Regulations":

SEC. 496. It shall be lawful (for all officers of the United States Government * * *) to transmit through the mail, free of postage, any letters, packages, or other matters relating exclusively to the business of the Government of the United States * * *.

* * * Any department or officer authorized to use the penalty envelopes may inclose them with return address to any person or persons from or through whom official information is desired, the same to be used only to cover such official information and indorsements relating thereto * * *.

Whoever shall make use of any official envelope, label, or indorsement authorized by law to avoid the payment of postage or registry fee on his private letter, packet, package, or other matter in the mail shall be fined not more than \$300.

It should be noted that the use of penalty envelopes and penalty labels is unlawful except when the matter transmitted relates "exclusively to the business of the Government of the United States."

A. H. GLENNAN,
Acting Surgeon General.

Annual Reports.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 16, 1915.

Bureau Circular Letter No. 65.

To commissioned medical officers, acting assistant surgeons, and others concerned:

Your attention is called to the necessity of forwarding annual reports of transactions for the fiscal year ending June 30, 1915, promptly after the close of the fiscal year. Legislation by Congress requires the submission of annual reports of all Government departments and bureaus at an earlier date than has heretofore been necessary, and it is directed that copy of annual reports from all stations of the service be sent to the bureau not later than July 25, 1915.

A. H. GLENNAN,
Acting Surgeon General.

Nominating Temporary Acting Assistant Surgeons.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 19, 1915.

Bureau Circular Letter No. 66.

To medical officers in charge of stations, United States Public Health Service:

For the special attention of those officers on duty at stations where physical examinations requiring eye tests are held:

When it becomes necessary to employ the services of a local physician for temporary duty, an examination should be made of his eyes (with the woolen skeins alone if a Williams lantern is not available) to determine his vision and color sense. A report of the results should be mailed to the bureau on the inclosed form letter.

A. H. GLENNAN,
Acting Surgeon General.

Instructions as to the Preparation of Vouchers for Gas, Electric Current, and Water.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 6, 1915.

Bureau Circular Letter No. 67.

To medical officers in charge, United States Public Health Service:

In submitting vouchers for gas, electric current, and water, particular attention should be given to the matter of deducting discount

for making prompt cash payment within the specified discount period, the amount of the deduction to be shown on the face of the voucher.

In cases where a cash discount for prompt payment will not be allowed by the contractor, or where the contract rate is net, without further deduction for prompt cash payment, the following statement should appear on the face of the voucher:

"Not entitled to cash discount."

A. H. GLENNAN,
Acting Surgeon General.

Relative to the Issuance of Bills for the Care and Treatment of Certain Employees of the Lighthouse Service.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 9, 1915.

Bureau Circular Letter No. 68.

To commissioned medical officers, acting assistant surgeons, and others concerned:

The following letter has been received from the Commissioner of Lighthouses, Department of Commerce, under date of August 6, 1915, relative to the issuance of bills for the care and treatment of certain employees of the Lighthouse Service, as provided for in Bureau Circular Letter No. 57, dated March 27, 1915:

Referring to the matter of furnishing treatment to employees of the Lighthouse Service, as provided by Circular Letter No. 57 of your bureau, dated March 27, 1915.

This bureau begs to suggest that the settlement of accounts for services rendered in such cases may be expedited if the bills, before being transmitted by the local hospital or station to your bureau in Washington, D. C., are approved by the officers of the Lighthouse Service who made the application for treatment. After the receipt of the bills at this bureau from your office it is necessary under present practice to refer them to the proper officer of the Lighthouse Service for approval, which consumes time that might be obviated as explained above. If this suggestion meets with your approval, the lighthouse inspectors will be requested to cooperate with the Public Health officials in this matter.

It is also requested that, if practical, bills for this service be rendered to this bureau in duplicate, in order that one copy may be retained for the files of this office, the original being referred to the Auditor for the State and Other Departments with the account for settlement.

In order to comply with the request made by the Commissioner of Lighthouses you are directed, first, to prepare bills in triplicate for the care and treatment of persons mentioned in the above-mentioned circular, and, second, to have these bills approved by the proper officer of the Lighthouse Service before forwarding same to the bureau.

RUPERT BLUE,
Surgeon General.

**Amendment to Civil Service Rules Relating to the Appointment of
Employees.**

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 17, 1915.

Bureau Circular Letter No. 69.

*To commissioned medical officers, acting assistant surgeons, and
others concerned:*

You are informed that paragraph 7 of subdivision 3 of Schedule A of the Civil Service Rules, entitled "Classified positions excepted from examination under Rule II, clause 3," has been amended by Executive order, dated August 6, 1915, which reads as follows:

EXECUTIVE ORDER.

Paragraph 7, Subdivision III of Schedule A of the Civil Service Rules is hereby amended to read as follows:

"7. In the Public Health Service attendants employed at not more than \$50 per month in the United States or at any salary elsewhere; scientific assistants employed temporarily for periods not to exceed six months, or longer with the prior approval of the commission, in investigations of contagious or infectious diseases and matters pertaining to the public health; and quarantine attendants, acting assistant surgeons, or sanitary inspectors on quarantine vessels or in camps or stations established for quarantine purposes during an epidemic of a contagious disease for temporary duty in the United States or elsewhere in preventing the introduction or spread of contagious or infectious diseases."

This order is recommended by the Secretary of the Treasury and the Civil Service Commission. Its effect is to except from examination attendants at not more than \$50 per month who were subject to competitive examination, and scientific assistants who have ordinarily been appointed temporarily in the absence of registers. The appointment of attendants through examination has been unsatisfactory because of the lack of applicants rarely exceeding the number of appointments to be made and frequently being less.

WOODROW WILSON.

The WHITE HOUSE, *August 6, 1915.*

It will therefore be no longer necessary to maintain lists of eligible stations of the service or to forward transcripts thereof to the bureau on the 1st day of each month as required by paragraph 75 et sequitur of the service regulations.

All attendants at a salary of \$50 per month or less will be selected by the medical officers in charge of stations and the names so selected forwarded to the Surgeon General for approval, stating the exact date on which the services are to be effective, and the rate of compensation, also the compensation received by the predecessors. Vacancies will be reported as now required by paragraph 79 of the service regulations.

When the salary of the vacant position exceeds \$50 per month, a request will be made upon the district secretary by the medical officer in charge for a list of eligibles from which to make selection. The indorsement of the district secretary must appear on the letter of nomination submitted to the bureau.

The status of employees now serving under a probationary or permanent appointment with compensation at a rate greater than \$50 per month and who have been appointed without examination will not be changed or disturbed.

It will be noted that no stations of the service are now excepted from the operation of this paragraph by name, but the exceptions permitted apply to all equally.

Vacancies in positions where the salary is more than \$50 per month must be filled from registers of the commission maintained in the offices of its district secretaries. When necessary, examinations may be specially announced and will be practical in character. Attendants already in the service may take these examinations.

A list of the civil-service districts is inclosed.

RUPERT BLUE,
Surgeon General.

Information as to the Right of Medical Treatment by Officers and Enlisted Men of the United States Coast Guard.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 23, 1915.

Bureau Circular Letter No. 70.

To commissioned medical officers, acting assistant surgeons, customs officers, and others concerned:

In accordance with act of Congress approved January 28, 1915, you are informed that officers and enlisted men of the United States Coast Guard are entitled to the same medical treatment as is provided by the regulations of the service for officers and enlisted men of the former United States Revenue-Cutter Service.

The United States Coast Guard is, in accordance with the above-mentioned act, composed of officers and enlisted men of what was formerly known as the "United States Revenue-Cutter Service" and "United States Life-Saving Service."

RUPERT BLUE,
Surgeon General.

Relative to Inspection of Unserviceable Property.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 23, 1915.

Bureau Circular Letter No. 71.

To commissioned medical officers, acting assistant surgeons, and others concerned:

Medical officers detailed to inspect unserviceable property shall be governed by the following instructions:

Furniture.—The appropriation for furniture requires that the department shall employ old and available furniture in its buildings, whether it conforms to that in use or not. All furniture which can be suitably repaired and made serviceable should be continued in service.

Typewriters.—If considered unserviceable, should be recommended to be returned to the Purveying Depot.

Window shades.—These should not be condemned if they can be rendered serviceable by cleaning or turning end for end.

Carpets and rugs.—These should not be condemned unless badly worn.

Hair mattresses and hair and feather pillows.—These should not be condemned, but continued in service, as their contents can be renovated and new ticking furnished at less than the cost of new mattresses or pillows.

Cotton mattresses.—If unserviceable, should be condemned, as the cost of renovating these mattresses is greater than the cost of new ones.

Aluminum ware.—Unless broken, all articles of this material should be continued in service, as the holes can be patched and dents removed.

Books.—Before any recommendation is made, the author's name and the date of publication should be cited on the report. Those considered unserviceable by reason of age or condition should be recommended to be sold.

Surgical instruments and appliances.—Any of these articles which can be rendered serviceable by cleaning, polishing, or by the purchase of repair parts should be continued in service. They should not be condemned simply because they are rusty, dull, or have hard rubber handles. Hypodermic syringes should not be condemned if they can be rendered serviceable by the use of new washers or plungers or by the replacing of broken parts. Hand atomizers should not be condemned if new bulbs or containers will permit of their use, as these parts can be obtained from the Purveying Depot.

Rubber goods (including hose).—Articles of this nature, if no longer serviceable, should be recommended to be sold.

Hose couplings.—These should be retained in service, so that it will be unnecessary to buy new couplings when new hose is purchased.

A note should be placed in the column for remarks of the exact condition of all articles condemned and of those recommended to be sold.

Paragraph 594 of the Regulations should be strictly complied with, and medical officers should be instructed to expedite this work by employing their force during the inspection to prepare for burning or other disposal, as the case may be.

RUPERT BLUE,
Surgeon General.

List of Expendable Property.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 24, 1915.

Bureau Circular Letter No. 72.

To medical officers, United States Public Health Service:

The following is a revised list of expendable property. All articles previously declared expendable, in accordance with paragraph 582 of the regulations, and not included herein, are to be treated as non-expendable property and are to be accounted for on the property return of the service rendered from each station.

Expendable medical, surgical, and stationery supplies. (Bureau Circular No. 10, dated Dec. 15, 1911.)

Paragraph 583 of the regulations relative to obsolete books and other publications.

Paragraph 587 of the regulations relative to materials for repairs.

Batteries, dry.	Oilcloth, table and shelf.
Batteries, wet.	Pin cushions.
Brushes, tooth.	Slide boxes.
Chalk lines.	Spitcup papers A.
Cloth, cheese.	Spitcup holders.
Clothespins.	Spitcups and mugs.
Flannel cloth.	Splints, basswood.
Fly killers.	Splints, bone.
Hose for gas range or stove.	Splints, porous.
Indelible ink outfit.	Sponges, bath.
Inkpads.	Sponges, surgical.
Needles, Emmett's.	Stirring rods, glass.
Needles, intestinal.	Tubes, drainage.
Needles, Mayo's.	Tubes, glass.
Needles, suture.	Tubes, rubber.
Noxxles, glass.	Watch glasses (for microscope).

RUPERT BLUE,
Surgeon General.

Relative to Emergency Purchases of Medicines.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 7, 1915.

Bureau Circular Letter No. 73.

Medical officers, United States Public Health Service, and others concerned:

Owing to conditions caused by European war prices for the following articles regularly issued by the Purveying Depot have so advanced in price that our small appropriation prevents their purchase except in small quantities:

Acetanilid,	Salvarsan,
Benzoic acid,	Novocaine,
Oxalic acid,	Aspirin,
Adrenalin chloride solution,	Phenol,
Adeps lanae hydrosus,	Potassium salts,
Balsam of Peru,	Resorcin,
Beta naphthol,	Sodium salicylate,
Bismuth salts,	Sulphonal,
Chloral hydrate,	Trional,
Chloroform venale,	Thymol,
Chromium trioxide,	Thymol iodide,
Mercury salts,	Trikresol,
Neosalvarsan,	Veronal,

and all chemicals appearing in List of Awards for 1916 on which no award has been made.

In some instances, such as phenol, the cost of which is more than nine times greater than that paid last year, none at all was bought. We are advised that novocaine and aspirin are practically unobtainable. For these reasons you are requested to use sparingly all drugs and chemicals the cost of which has materially advanced, prescribing inexpensive preparations wherever it is possible to do so.

Emergency purchases of medicines should not be made except when absolutely necessary, and then only in quantities sufficient for the immediate needs of your station.

RUPERT BLUE,
Surgeon General.

Physical Examination of Able Seamen.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 15, 1915.

Bureau Circular Letter No. 74.

To medical officers of the United States Public Health Service:

An act to promote the welfare of American seamen in the merchant marine of the United States, etc., approved March 4, 1915, provides

that a percentage of the deck crew on all American vessels must be able seamen. It also provides that each able seaman shall have a certificate of service, which can only be issued after he has been found competent "upon examination, under rules prescribed by the Department of Commerce, as to eyesight, hearing, physical condition, and knowledge of the duties of seamanship."

In order that the provisions of this act may be enforced, you are directed to make a physical examination of any person desiring to be rated as an "able seaman," upon the presentation of a request on the proper form issued by the Department of Commerce, and record the result on the blank attached to this request, carefully following the instructions which accompany it. This blank, after completion, should be returned to the applicant.

These examinations should be entered in the record of medical inspection of seamen (Form 1991, P. H. S.).

RUPERT BLUE, *Surgeon General*.

Physical Examinations for the Coast Guard.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 15, 1915.

Bureau Circular Letter No. 75.

To medical officers of the United States Public Health Service:

An applicant for reenlistment who had received an honorable discharge and who has been separated from the Coast Guard for more than 30 days, or an applicant who has received an ordinary discharge with recommendation for reenlistment, who has been separated from the Coast Guard for more than 10 days, shall be required to pass the physical examination for original enlistment and should be rejected unless he fulfills the requirements of this examination. The date and form (honorable or ordinary) of discharge from the Coast Guard should be obtained from the enlisting officer and should be placed in the certificate on page 6 of Form No. 2592.

Attention of officers is called to the statement on the back of Form No. 2502, which reads as follows: "4. Applicants having teeth with unfilled cavities, plates, or with many teeth missing, unless the missing teeth are replaced by bridge work, should be rejected." In the preceding sentence more than three teeth missing shall be regarded as "many teeth missing." He should be advised to have decayed teeth filled, after which he may again appear for a continuance of his physical examination. If the decayed teeth can not be filled, he should be advised to have them extracted, but the total number of teeth missing must not be more than three unless they have been replaced by bridge work.

A candidate desiring to enlist as a seaman should not be rejected on account of flat feet unless the condition is extreme and is accompanied by foot strain, as it is found that this defect will not, as a rule, interfere with his duties as a seaman. However, if a candidate applied for original enlistment as a surfman it is important because of the patrol duties which surfmen have to perform that they be free from this defect, and they should not be accepted if it is present in a degree which would be liable to interfere with the performance of this duty.

A candidate for original enlistment whose diastolic blood pressure is more than 100 or less than 70, or whose systolic blood pressure is more than 130 or less than 100, should be rejected. Care should be taken when obtaining this blood pressure to see that the sphygmomanometer gives the correct reading. These instruments frequently get out of order and give a false impression of the condition present. This blood pressure should be taken in a quiet room by the auscultatory method, which is as follows: After the cuff has been applied to the arm and filled with air a stethoscope should be placed over the bend of the elbow and the pressure of the air gradually released from the cuff. The systolic pressure should be read when the first beat of the pulse is heard through the stethoscope and the diastolic pressure should be recorded when the loudness of the pulse sound diminishes in intensity.

Vision should always be stated in "20th's," in accordance with paragraph XV, page 134, Appendix to the Service Regulations, but no candidate for original enlistment should be accepted if his uncorrected vision is not 20/20 each eye. Attention is invited to page 8, Form 2502, United States Coast Guard, Instruction No. 1, which states that applicants using eyeglasses are not eligible for original enlistment. Therefore in cases of original enlistment the space allotted on page 3 of Form 2502 for recording the vision "with glasses" should be disregarded.

In conclusion, if a candidate for original enlistment in the Coast Guard presents himself before you for physical examination and has any defects of such character as to incapacitate him for the performance of his duties therein, but which can be remedied by treatment in a hospital or otherwise, he should be rejected and advised to take proper treatment which will remove the cause for rejection, after which he may again appear for reexamination. However, no person who presents himself for original enlistment should be advised to have an operation performed requiring the opening of the abdomen, as no one having a scar caused by abdominal operation should be accepted.

RUPERT BLUE,
Surgeon General.

Recording Physical Examinations.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 20, 1915.

Bureau Circular Letter No. 76.

To medical officers of the United States Public Health Service:

All physical examinations made (including civil-service applicants) should be recorded in record of medical inspection of seamen, Form 1991, and the same reported to the bureau at the end of each fiscal year on Form 1934. This record should, of course, not include examinations made of applicants applying for treatment.

RUPERT BLUE,
Surgeon General.

Members of the Coast Guard Undergoing Treatment at First or Second Class Stations of this Service.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 20, 1915.

Bureau Circular Letter No. 77.

To medical officers of the United States Public Health Service:

Unless otherwise directed by the Surgeon General of the Public Health Service, the captain commandant of the Coast Guard, or his other superior officers, no officer or enlisted man of the Coast Guard undergoing treatment at first or second class stations should be discharged until he is fit for duty. Two copies of the clinical histories of such patients should be forwarded to the bureau every 15 days.

RUPERT BLUE,
Surgeon General.

Discontinuance of "Pay Voucher for Commutation of Quarters."

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 25, 1915.

Bureau Circular Letter No. 78.

Commissioned medical officers United States Public Health Service and others concerned:

Hereafter the use of Form 1948, "Pay voucher for commutation of quarters," will be discontinued.

Amounts due commissioned medical officers and pharmacists for commutation of quarters, etc., as prescribed by paragraphs 87, 103, and 105 of the service regulations, will be taken up on Form 1952

and 1952a, "Pay roll for personal services," on the next line below the pay of such officers as are entitled to commutation, the total pay and total commutation on the roll to be shown separately, in addition to the complete total of the amount-due column, for example:

Names and designations.	Period of service.	Rate of pay.	Amount due.
Assistant surgeon:			
Louis Schwartz.....	1/31/31.....	\$2,640.00	\$220.00
Louis Schwartz.....	Commutation.....	July, 1915	40.00
Pharmacist, second class:			
J. Albert Wolfe.....	1/31/31.....	880.00	73.33
J. Albert Wolfe.....	Commutation.....	July, 1915	60.00
Total pay.....\$293.33			
Total commutation.....100.00	Total.....		393.33

In the "Remarks" column, opposite each item of commutation, note the paragraph of the Service Regulations which provides therefor, for example, "Par. 103, P. H. S. Reg."

Whenever an item of commutation appears on a pay roll, the usual certificate printed thereon should include, to be written in at the end thereof, the following: "Where commutation is allowed, officer has not been provided with quarters, etc."

RUPERT BLUE,
Surgeon General.

Provisional Standard for Fumigation With Hydrocyanic Acid Gas.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 30, 1915.

Bureau Circular Letter No. 79.

To officers of the United States Public Health Service:

When performing the cyanide fumigation of compartments, you will be guided by the following minimum requirements:

1. On account of the great danger to human life from hydrocyanic acid gas, specific arrangements should be made for the disposition of the crew during the fumigation process, especially if one or two compartments of a vessel are to be treated. A written statement must be obtained from the captain or first officer of the vessel that the latter is ready for fumigation, and that every member of the crew has been accounted for as not being in the vessel, or else not exposed to the fumes of the gas. Persons in one compartment have been killed by fumes escaping from another compartment undergoing fumigation.

2. Not less than 5 ounces of potassium cyanide, or $3\frac{3}{4}$ ounces of sodium cyanide, shall be used to each 1,000 cubic feet.

3. To each ounce of potassium cyanide, 1 fluid ounce of commercial sulphuric acid 66B and $2\frac{1}{2}$ fluid ounces of water shall be used.

4. To each ounce of potassium cyanide, $1\frac{1}{2}$ fluid ounces of sulphuric acid 66B and 2 fluid ounces of water shall be used.

5. All ingredients shall be weighed and mixed immediately prior to each fumigation.

6. All parts of the vessel shall be placed under fumigation simultaneously, except such compartments as may not require fumigation in the opinion of a representative of the United States Public Health Service. (Review par. 1.)

7. All compartments placed under fumigation shall be kept closed for not less than one hour.

8. The hatches of 'tween decks and the doors of subcompartments are to be opened prior to fumigation, and the barrel or other generator is to be placed so as to secure the most rapid and efficient diffusion of the gas.

9. All work is to be done under the supervision and to the satisfaction of the medical officer in charge, United States Public Health Service, or his representative.

RUPERT BLUE,
Surgeon General.

Amending Instructions Relative to Physical Examinations of Able Seamen.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 30, 1915.

Bureau Circular Letter No. 80.

To medical officers in charge of marine hospitals and relief stations, United States Public Health Service:

Referring to Bureau Circular Letter No. 74, dated September 15, 1915, relative to making physical examinations of applicants for rating as able seamen, you are informed that the answers to questions on the eyesight, hearing, and condition of the heart and lungs should be placed upon page 2 of Form 983, issued by the Department of Commerce, Steamboat-Inspection Service, entitled "Record of physical examination of an applicant for rating as able seaman," but in case an applicant is certified as "incompetent" for rating as an able seaman the reason for such certification of incompetency should not be placed on page 3 nor on any other portion of that blank. You are further informed that defects which, in your opinion, would not materially interfere with the discharge of the duties of an able seaman should not be noted on the above blank.

In regard to the instructions for making physical examinations printed on the back of Form 983, you are informed that paragraph 3 thereof is amended to read as follows:

"PAR. 3. Applicants should not be required to be vaccinated against smallpox or inoculated against typhoid fever, but should be advised, with a view to the protection of the individual and the public health, to be vaccinated against smallpox if not successfully vaccinated within the last five years, and also to be inoculated against typhoid fever if not already so inoculated or if they have not had that disease."

Paragraph 7 of the above-mentioned blank is eliminated.

Examinations of applicants for rating as able seamen should be recorded in the record book issued by the Public Health Service, Form 1991, entitled "Record of medical inspection of seamen." In such records, if an applicant is certified as "incompetent" for rating as able seaman, the reason for such certification should be fully stated, and note should also be made of defects which would not materially interfere with the discharge of the duties of an able seaman.

You will acknowledge receipt of this letter.

RUPERT BLUE,
Surgeon General.

Rules Governing Telegraphic Messages.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 29, 1915.

Bureau Circular Letter No. 81.

Medical officers and other employees, United States Public Health Service:

The following rules are hereby promulgated to govern official messages by telegraph, cable, or wireless in the Public Health Service:

(1) Messages sent by an officer in the field shall be signed only with the surname and official title of the addressee and sender, omitting such portions of title as are unnecessary for identification. Where the official title of an officer sending a telegram is unnecessary the whole title may be omitted. This is practically always the case with Public Health Service officers.

(2) All telegrams, except those of a nature sufficiently urgent to demand immediate attention, will be filed for transmission as night messages at night rates, and this will be plainly indicated on the face of the message. In some instances telegrams sent from the field to the

department in Washington, or vice versa, as day messages are received by the addresses after office hours and not acted upon until the following morning, with consequent needless expense to the Government.

(3) When there is doubt as to the advisability of filing a telegram to a distant point as a night message, consideration will be given to the difference in time (in some cases several hours) between the two points; the length of time, usually an hour or more, required for transmitting and delivering telegrams; and the closing time of the office to which the message is addressed.

(4) As a check against errors or omissions, an addressee, especially an officer in the field, immediately upon receipt of a telegram, will count the words and compare his count with the number entered in the upper margin of the telegraph blank. If a discrepancy occurs, request should be made upon the telegraph company for a repetition of the message, without additional cost to the Government. "Collect" messages show an extra word in the number of words given in the upper margin, but this is not billed against the Government.

(5) Care should be exercised in the preparation of messages to omit useless words. The use of the telegraph will not be permitted when letters will accomplish the same purpose.

(6) Official messages that are not prepaid must be plainly marked "Official business; Collect; Government rate."

(7) In messages to Washington, D. C., the letters "D. C." should always be omitted from the address.

(8) Messages to the bureau should be addressed "Blue, Washington."

(9) All messages from the field to the department should be addressed to the bureau or through the Surgeon General.

(10) Officers should register their names and addresses with the telegraph offices wherever stationed, even temporarily, in order that messages addressed to them by their surnames only may reach them promptly.

(11) The service telegraphic code should be used whenever practicable.

(12) Officers and other employees possessing the code should keep the same under lock and key, and when traveling or on leave carry it on their persons.

This circular letter embodies the departmental regulations set forth in Department Circular No. 19, August 21, 1913, to which attention is directed.

RUPERT BLUE,
Surgeon General.

The New Service Telegraphic Code.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 29, 1915.

Bureau Circular Letter No. 82.

Medical officers and others concerned, United States Public Health Service:

There is transmitted herewith a copy of the new telegraphic code of the United States Public Health Service, which will supersede the old code on January 1, 1916. This copy bears a serial number and your name on the reverse of the title page. It has been charged to you personally on the records of the bureau and should be taken up on your personal property return. Upon the resignation or death of an officer the code in his possession should be returned to the bureau.

You are instructed to acknowledge receipt on the inclosed special blank card. All copies of the old service code in your personal possession or at your station should be forwarded to the bureau immediately after January 1 next.

This new code is issued, not only to obtain secrecy, when desirable, in the transmission of messages, but also in the interest of economy, and to this latter end the bureau desires that all officers give the code special study, observing particularly the instructions contained in the preface. It will be found that the code contains numerous phrases the use of which will result in great saving in telegraph tolls. There is no better way of becoming familiar with the contents and arrangement of the book than by using it as frequently as possible in official messages.

Suggestions concerning the code will be welcomed by the bureau, and officers are urged to point out promptly any defects that may become evident as it is desirable to remedy them at once.

In addition to the foregoing personal copy of the code another copy will be sent to certain of the larger stations of the service, notably marine hospitals, relief stations of the second class, and quarantine and immigration-inspection stations in charge of commissioned officers. This additional copy will be acknowledged by the officer in charge of the station and taken up on the station property return. It is furnished for the reason that each officer when absent, on either duty or leave status, is expected to carry his personal copy with him. He should then see that the "station copy" of the code is left in responsible hands that it may be available if needed.

Attention is called to the fact that this is a confidential code and its contents must be kept private. Attention is further directed to the "Rules governing telegraphic messages" set forth in Bureau Circular Letter No. 81, strict observance of which is desired.

RUPERT BLUE,
Surgeon General.

Suggestions for Improvement of Service Work.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 29, 1915.

Bureau Circular Letter No. 83.

Medical officers in charge, United States Public Health Service:

In accordance with orders issued by the Secretary of the Treasury, committee of improvement have been appointed for the various branches of the department for the purpose of making a thorough study of the organization and methods of work, with a view to recommending such improvements or changes as may appear to be in the interest of efficiency and economy in the transaction of official business. The committee for the Public Health Service has been organized and has begun its work.

The Secretary has invited all employees of the department to submit helpful suggestions for the consideration of the committee. The bureau would therefore be glad to receive from you any ideas, suggestions, or recommendations looking to the promotion of efficiency and economy in the conduct of governmental operations at your station or in its relation to the bureau or department. To this end you are instructed to invite written suggestions from junior officers, pharmacists, or other employees at your station. It is felt that it will be helpful, both to employees and the committee, if the suggestions can be made under some general classification. It is therefore proposed that they be submitted under the following heads:

- (1) Methods and forms of correspondence.
- (2) Blanks and blank forms.
- (3) Files and records at the stations.
- (4) Property records and returns.
- (5) Purchase of supplies, including requisitions, proposals, and contracts.
- (6) Securing of economies at the station; elimination of wastes.
- (7) Sanitary measures at stations.
- (8) General good of the service.

All suggestions should be submitted to you not later than December 24. You are then requested to prepare an epitome thereof, summarizing briefly all the suggestions under the heads above named, and adding any desired comments or recommendations. Your own suggestions and recommendations should be submitted independently.

In addition to the summary just mentioned, you will also forward all the suggestions in their original form.

Please make immediate acknowledgment of the receipt of this circular letter, and transmit the material called for, if possible, on or before January 5.

RUPERT BLUE,
Surgeon General.

Inspection of Sanitary Conditions of Cars, Vessels, or Other Vehicles and Depots and Waiting Rooms Operated or Maintained for the Use of Interstate Passengers.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, February 10, 1916.

Bureau Circular Letter No. 84.

To commissioned medical officers, Public Health Service:

The attention of all commissioned medical officers of the Public Health Service is respectfully invited to paragraph 138 of the Regulations for the Government of the United States Public Health Service, approved March 4, 1913, and to Bureau Circular Letter No. 14, October 4, 1913, containing provisions in addition to paragraph 138.

It has been noted that in many instances officers who have traveled under official orders on trains and vessels engaged in interstate traffic have failed to render the reports as required.

Hereafter it will be necessary that all officers comply with the regulations in this respect—a report of conditions observed to be made upon the completion of each item of travel under official orders, or an explanation in lieu thereof stating that such a report could not be made and the reasons therefor.

Respectfully,

RUPERT BLUE,
Surgeon General.

Preparation of Vouchers for Reimbursement of Traveling Expenses.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, February 16, 1916.

Bureau Circular Letter No. 85.

To medical officers and employees, United States Public Health Service:

The following additional instructions in the preparation of accounts for reimbursement of traveling expenses must be observed in

order to comply with requirements of the accounting officers of the Treasury Department:

The actual expenses should be inserted on the voucher under the proper dates, stating the names of the places visited and giving the hour and date of arrival and departure therefrom.

Reimbursement for subsistence is limited by law to \$5 per day. Subsistence includes expenditures for lodging, meals, baths, laundry, pressing clothes, fees to waiters and to bell boys. Whenever fees are given the exact purpose must be stated. Receipts are required to support charges for lodging, laundry, pressing clothes, and hire of teams. No charge for laundry or pressing clothes can be allowed before departure from or after return to the station of the traveler. When charges for meals are made the cost of each meal must be shown separately.

If transportation or Pullman accommodations are secured on transportation requests, a notation should be made on the travel voucher, and the memorandum copies of the transportation requests, completely filled in, must be forwarded to the bureau. In the event the traveler pays for Pullman accommodations from his own funds, it must be stated whether an upper or lower berth or seat was used.

Personal effects of officers on change of station must be shipped on Government bills of lading, and when delivery of the effects is made to the carriers the memorandum copy of the bill of lading is to be forwarded to the bureau.

The weight of the personal effects on which charges for drayage or packing is made should always be stated on the voucher, as the charges for packing and drayage incident to the journey are not to exceed 60 cents per hundred pounds of freight.

RUPERT BLUE,
Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, February 23, 1916.

Bureau Circular Letter No. 86.

To commissioned medical officers and acting assistant surgeons of the Public Health Service:

Referring to bureau letters dated October 6, 1915, relative to making physical examinations of applicants for Government positions in the classified civil service and for Government positions as unskilled laborers, you are informed that hereafter acting assistant surgeons on duty at marine hospitals, relief stations, quarantine stations,

and immigration stations who do not devote all their time to service work are allowed to make the following charges for making physical examinations of such applicants:

1. For the physical examination of applicants for positions as unskilled laborers a charge of \$1 may be made.

2. For the physical examination of applicants for positions in the classified civil service a charge of not more than \$2 may be made.

In each case charge for physical examinations, as mentioned above, is to be paid by the applicant. Provisions contained in bureau letters of October 6, 1915, inconsistent with the instructions are hereby revoked.

RUPERT BLUE,
Surgeon General.

Revokes Portion of Bureau Circular Letter No. 77, Dated September 20, 1915.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 7, 1916.

Bureau Circular Letter No. 87.

To medical officers of the United States Public Health Service:

Attention is invited to Instruction No. 4 on the reverse side of Form 2522, United States Coast Guard, which reads as follows:

(4) When a patient is under the care of a medical officer or a private physician, a brief and comprehensive statement in duplicate on Form 1946-a-b-c, Public Health Service, showing the patient's condition, shall be submitted at the end of each 15-day period to the officer who signed the request for the treatment. The latter shall forward this report to headquarters, and shall see that the necessary forms (No. 1946-a-b-c) are furnished. No portion of Form 1946-c need be filled in except that which shows the amount of sugar and albumen in the urine.

In view of the above, that portion of Bureau Circular Letter No. 77, dated September 20, 1915, relating to the transmission of clinical histories, which reads as follows: "Two copies of the clinical histories of such patients should be forwarded to the bureau every 15 days," is hereby revoked, and in the future clinical histories of Coast Guard patients, which have been forwarded heretofore in duplicate to the bureau, will be transmitted in duplicate to the Coast Guard officer who signed the request for treatment.

RUPERT BLUE,
Surgeon General.

Use of New Form of "Pay and Commutation Roll."

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 7, 1916.

Bureau Circular Letter No. 88.

Commissioned medical officers, United States Public Health Service, and others concerned:

This circular letter supersedes Bureau Circular Letter No. 78, September 25, 1915.

A new "Pay and commutation roll," Form No. 1948, has been issued and will hereafter be used for all pay and commutation due commissioned officers and pharmacists, and for no other purpose.

Officers and stations having use for the new roll should make requisition on Form 1906 at once, specifying quantity desired under item 1948, changing the title on the requisition to read "Pay roll for commutation roll."

Form 1952 and 1952-a, "Pay roll for personal services," will be continued in use for pay of acting assistant surgeons and all other employees.

A. H. GLENNAN,
Acting Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 9, 1916.

Bureau Circular Letter No. 89.

To commissioned medical officers, acting assistant surgeons, pharmacists, and others concerned:

The following is a copy, in part, of a letter signed by the Secretary of the Treasury, under date of May 26, 1916, relative to the handling of narcotic drugs by employees of governmental agencies:

18. My attention has just been called to two incidents in connection with the enforcement of the act of December 17, 1914, which illustrates the opportunities afforded for violation of this act by employees of governmental agencies, both Federal and State, exempted in their official capacity under the provision of this law from registration and keeping records of prescribed drugs, if some precautions are not taken to safeguard and restrict the drugs to the official purposes to which the exemptions apply.

* * * In view of these facts, I am calling this matter to your personal attention that you may take such steps as are necessary to prevent these conditions, which admit of serious violation of the law, from arising in the conduct of those medical and scientific units of bureaus of this department under your

immediate personal direction, and I would suggest that the officers in charge of the medical supplies, and particularly of the narcotic drugs, be instructed to have accurate record made of such drugs received and dispensed, and that those officially responsible for the proper use thereof be required to keep these narcotics under lock and key, and that access thereto be limited to only those who in their official capacity have legitimate use for or distribution thereof.

In conformity with the above, officers of the service who receive and dispense narcotic drugs are hereby directed, first, to keep such drugs under lock and key; second, that access to such drugs be limited to only those persons who have a legitimate right thereto in carrying out their official duties; and third, that an accurate record be kept of all narcotic drugs received and dispensed.

A. H. GLENNAN,
Acting Surgeon General.

Special Temporary Duty.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 11, 1916.

Bureau Circular Letter No. 90.

To commissioned medical officers, Public Health Service:

Paragraph 182 of the Regulations of the Public Health Service approved March 4, 1913, provides that "officers on changing stations may ship on Government bill of lading baggage and personal effects * * * in weight not to exceed 7,200 pounds."

An officer on special temporary duty is entitled to allowance of quarters or commutation therefor at his proper station. Special temporary duty does not involve any change of residence and assignments of this character are usually of comparatively brief duration, and do not require the establishment of a new domicile.

The baggage and personal effects of an officer on special temporary duty which he is permitted to carry at Government cost are therefore limited to the amount he is allowed to transport without extra charge as baggage on his railroad ticket.

Any additional cost for packing, drayage, and transportation must be at the officer's personal expense, except that he may have shipped at Government cost any scientific books, instruments, or laboratory apparatus necessary to the work.

A. H. GLENNAN,
Acting Surgeon General.

The Use of Government Telephones.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 2, 1916.

Bureau Circular Letter No. 91.

Medical officers, United States Public Health Service, and others concerned:

You are advised that under the rules of the department Government telephones must not be used for private business at Government expense.

A notice to this effect should be posted in a conspicuous place for the information of officers and employees of all stations of the service.

Hereafter officers in charge should certify on the face of bills for telephone service that no expense in this bill has been incurred for private business.

A. H. GLENNAN,
Acting Surgeon General.

Annual Reports.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 5, 1916.

Bureau Circular Letter No. 92.

To commissioned medical officers, acting assistant surgeons, and others concerned:

Your attention is called to the necessity of forwarding annual reports of transactions for the fiscal year ended June 30, 1916, as promptly as possible.

Legislation by Congress requires the submission of annual reports of all Government departments and bureaus at an earlier date than heretofore, and it is accordingly directed that copy of annual reports from all stations of the service be sent to the bureau not later than August 20, 1916.

A. H. GLENNAN,
Acting Surgeon General.

Additional Instructions as to Reporting Changes in Personnel of the Service
and Leaves of Absence Granted Under Authority of the Regulations.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 26, 1916.

Bureau Circular Letter No. 93.

*Commissioned medical officers United States Public Health Service
and others concerned:*

Your attention is directed to amended Executive order dated October 18, 1915, exempting from examination certain employees in the Public Health Service, which reads as follows:

7. *In the Public Health Service.*—Attendants employed at not more than \$50 per month in the United States or at any salary elsewhere; scientific assistants employed temporarily for periods not to exceed six months, or longer with the prior approval of the commission, in investigation of contagious or infectious diseases and matters pertaining to the public health; and any person temporarily employed in the work of preventing or suppressing a threatened or actual epidemic of any disease for which the appropriation for the prevention of epidemics is available.

Bureau circular letter No. 69, dated August 17, 1915, has been furnished to all officers of the service whose duties require them to make recommendations as to the personnel. The instructions contained in this circular are still in effect, except that the amendment to paragraph 7, Subdivision III, schedule A, of the Civil Service Rules, made effective by the above Executive order, excepting from examination all attendants employed at not more than \$50 per month, is now held by the Civil Service Commission to apply only to persons performing the usual duties of attendant as provided for in the regulations.

In making recommendations for original appointments, a full statement should be made regarding the duties of the position and the qualifications of the persons recommended for appointment.

Clerks, pilots, marine engineers, and female nurses must be selected from a list of eligibles provided by the Civil Service Commission or by the secretary of the civil-service district. If no eligible is available, the approval of the district secretary should be attained, in writing, on the letter recommending the appointment, to the selection outside the register.

Cooks come within the exemptions allowed.

In making reports of changes in the personnel of a routine character, the resignations or termination of service of attendants should in all cases be reported before a recommendation is made for appointment, and the dates should be carefully given, the date of separation being the last day of pay and of appointment the first day of pay.

It will be sufficient in these cases to give the designation of the position made vacant and to which appointment is made, and a detailed description of duties need not be given.

All changes should be reported in duplicate, and a completed form, "Information as to the personnel," should accompany each recommendation for appointment, unless such information is already on file in the department.

Reports of separation from the service should be made in all cases, even although the employee is serving under a limited appointment.

Unusual designations should not be given to attendants; the position of assistant pharmacist is not known to the service regulations, and that of assistant pilot is not recognized by the Civil Service Commission or Steamboat-Inspection Service.

All leaves of absence granted under the authority of the regulations should be reported promptly at the end of each month; leaves granted by the bureau or department need not be reported; leave is granted for the calendar year and is not cumulative.

Leave of absence is granted in the discretion of the head of departments and is a privilege only and not a right. No additional expense will be incurred at stations on account of absence of employees, except in special instances.

A. H. GLENNAN,
Acting Surgeon General.

Fees for Examination of Foreign Seamen.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 7, 1916.

Bureau Circular Letter No. 94.

Medical officers in charge of stations, United States Public Health Service:

Your attention is directed to paragraph 126 of the regulations of the service which states in part as follows:

A fee of \$1 will be charged for each examination of a foreign seaman, and fees so received will be deposited with the collector of customs in the same manner as donations to the marine-hospital fund.

In order that this fee may be collected, you are directed, when a seaman presents himself for examination as to eyesight, hearing, and physical condition, to require him to furnish evidence that his last service as seaman was upon an American vessel, or that he intends to ship upon an American vessel. In the latter case a statement from the master or owner of the vessel to the effect that he wishes to ship the seaman, giving the vessel's name and nationality, is necessary before he can be examined free of charge. If the appli-

cant can not present the above evidence or if he intends to ship on a foreign vessel, a fee of \$1 should be collected.

RUPERT BLUE,
Surgeon General.

Reexamination of Officers and Men of the Merchant Marine.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 8, 1916.

Bureau Circular Letter No. 95.

Medical officers in charge United States Public Health Service:

The local inspectors of the Steamboat-Inspection Service will be directed by the Inspector General, in the near future, to have all men desiring physical examination who have been previously rejected by an officer of the service reexamined by a board of officers when they request such reexamination.

Boards are hereby convened at stations where there are two or more medical officers on duty, the senior officer chairman and the junior officer selected by the senior officer recorder, to examine such persons as may be sent before it by the local inspector. The report of the board should be made upon the blanks which have been previously used for recording the result of these examinations, and should be signed by both officers. In the case of rejection for color blindness a special statement should be appended to the report showing what colors the applicant confuses. To protect against substitution care should be exercised to see that the person presenting himself for examination is the person who was previously rejected. Two copies of the report should be sent to the local inspector who requested the examination, one copy should be retained at the station and one copy sent to the bureau.

RUPERT BLUE,
Surgeon General.

Medical Relief for Light Keepers and Assistant Light Keepers, Lighthouse Service.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 11, 1916.

Bureau Circular Letter No. 96.

Medical officers in charge of stations, United States Public Health Service:

An act approved August 28, 1916, entitled "An act to authorize aids to navigation and for other works in the Lighthouse Service, and for other purposes," contains the following section:

SEC. 5. That hereafter light keepers and assistant light keepers of the Lighthouse Service shall be entitled to medical relief without charge at hospitals and other stations of the Public Health Service under the rules and regulations governing the care of seamen of the merchant marine: *Provided*, That this benefit shall not apply to any keeper or assistant keeper who receives an original appointment after the passage of this act, unless the applicant passes a physical examination in accordance with rules approved by the Secretary of Commerce and the Secretary of the Treasury.

The benefits of this act are restricted to persons officially designated as light keepers or assistant light keepers. Laborers in charge of lights or attached to light stations are not entitled to treatment.

In accordance with this law, you are directed to furnish medical relief to light keepers and assistant light keepers of the Lighthouse Service who were appointed before the passage of this act without charge, when requested by an officer of the Lighthouse Service or the keeper of a light station, under the regulations governing the admission of seamen of the merchant marine. Light keepers and assistant light keepers appointed after the passage of this act are not entitled to treatment unless the applicant has passed a physical examination in accordance with rules approved by the Secretary of Commerce and Secretary of the Treasury. These rules will be promulgated in a few days.

RUPERT BLUE,
Surgeon General.

Communications to the Department to be Transmitted Through the Bureau.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 20, 1915.

Bureau Circular Letter No. 97.

To medical officers in charge, United States marine hospitals and quarantine stations:

The provisions of bureau circular letter No. 11, dated September 17, 1913, are hereby revoked. All communications to the department shall be transmitted in conformity with paragraph 673 of the service regulations.

Officers in charge of stations shall submit requisitions, proposals, and bills for work chargeable to funds under the control of the Supervising Architect to the local representative of that office for his information and recommendation before transmitting the papers through the channels prescribed by the regulations.

RUPERT BLUE,
Surgeon General.

Fees for Examination of Foreign Seamen.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 20, 1916.

Bureau Circular Letter No. 98.

To commissioned medical officers, acting assistant surgeons, and others concerned:

The medical officer on duty at an out-patient office of the service must keep a record of all money received for conducting physical examinations of foreign seamen and must turn this money over every evening when the office is closed to the medical officer in charge of the station, along with a memorandum giving the number of persons examined and the amount.

At the end of the month, the medical officer in charge of the station must deposit this money with the collector of customs and obtain a receipt therefor.

RUPERT BLUE,
Surgeon General.

Responsibility for Patients' Money and Other Valuables.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 20, 1916.

Bureau Circular Letter No. 99.

To medical officers in charge United States marine hospitals:

Paragraph 486 of the regulations of the service, 1913, requires that upon the admission of a patient for treatment, the medical officer in charge of the marine hospital will receive his money and other valuables and give a receipt therefor, and upon the termination of the treatment of the patient, his money and other effects shall be returned to him and the receipt taken up and filed.

It has been ascertained that at some of the marine hospitals the medical officers in charge have delegated this responsibility to junior officers. The bureau does not approve of this practice. The medical officer in charge should receive the patients' money and other valuables and should himself return them to the patients. Under no circumstances should money or other valuables be received by an attendant, neither should an attendant be sent to get money or other valuables from a patient nor should these articles be sent to a patient by an attendant. When the medical officer in charge of a marine hospital is away, the money and other valuables of patients should be received by the medical officer in temporary charge, who should turn

over to the former as soon as he returns to the station all patients' property received during his absence.

When a patient in a marine hospital becomes seriously ill or dies, his bedding and clothing should be searched in the presence of the medical officer in charge of the ward, who will immediately turn over to the medical officer in charge of the hospital all money or other valuables that may be found.

The medical officer in charge of a marine hospital will be held strictly responsible for all money and other valuables placed in his charge for safe-keeping, either directly or through an officer in temporary charge, and will be expected to make good the loss thereof.

The provisions of paragraph 486 of the Regulations, as construed by this circular, shall be rigidly adhered to. Any disregard thereof will be considered a violation of the Regulations and will be followed by action governing such cases.

RUPERT BLUE,
Surgeon General.

Safeguards to be Observed in Performing Fumigation with Hydrocyanic Acid Gas.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 4, 1916.

Bureau Circular Letter No. 100.

To officers of the U. S. Public Health Service:

1. When a vessel is fumigated with cyanide gas, no one shall be permitted to enter the various compartments of the ship until entry to such space is declared safe by the medical officer in charge.

2. Subsequent to opening hatches, companionways, and ports, not less than 15 minutes shall elapse before anyone shall enter the superstructures, such as staterooms, cabins, saloon, or forecastle, and not less than one hour before entering the holds. This is the minimum, and the time will be prolonged according to the discretion of the officer in charge.

3. If artificial means for ventilation, such as blower or fan, are not available, wind sails shipped into place should be utilized for aeration of holds.

4. Before declaring it safe to enter holds, a captive animal (guinea pig, rat, cat, etc.) shall be lowered and exposed to the aerial content of such compartments, and the effects produced, if any, shall be a guide in estimating the amount of gas present in dangerous quantity.

5. After measures have been taken to free compartments of cyanide fumes, and the application of test by captive animal indicated sufficient dissipation of the gas to make entering the compartments

a safe procedure, they should be entered in all parts by one of the fumigators or by the officer himself. This shall be done as a final step before the officer declares the vessel safe to be entered by the personnel connected with the vessel.

6. Decision as to safety of entering compartments shall be made by the officer in charge of the fumigation and on board the vessel concerned; but during the interval between the sealing of compartments undergoing fumigation and the time appointed for determining the safety of entering, the officer may designate a trustworthy employee, or employees, to attend to the opening up of compartments, the supervising of installation of blower or windsail, and the prevention of any persons entering compartments before permission of the officer in charge.

7. The provisions of Bureau Circular No. 79, of 1915, shall be reviewed and the safeguards mentioned therein shall be observed in addition to the foregoing.

8. You will acknowledge receipt hereof.

RUPERT BLUE,
Surgeon General.

Record of Articles of Subsistence Drawn by Pharmacist.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 2, 1916.

Bureau Circular Letter No. 101.

Commissioned medical officers, acting assistant surgeons, pharmacists, and others concerned:

You are informed that hereafter a special record must be kept in a subsistence storeroom book of articles drawn by the pharmacist in accordance with the ration specified in Amendment No. 3 to the regulations of the service, 1913, dated June 19, 1914.

A. H. GLENNAN,
Acting Surgeon General.

Discontinue the Use of Heroin.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 2, 1916.

Bureau Circular Letter No. 102.

Commissioned medical officers, acting assistant surgeons, and others concerned:

In view of the fact that the great increase in the use of heroin at present constitutes a considerable menace to public health in the

United States, it is desired to set an example and to signalize to the general public the danger which may accrue from its use. Heroin as a palliative in certain respiratory affections serves no purpose which can not be accomplished by other agents fully as effectively and without the attendant possibility of grave disaster.

You are therefore directed to discontinue dispensing heroin and its salts at relief stations of the service and to send all the stock of these drugs now on hand to the Purveying Depot, 1414 Pennsylvania Avenue NW., Washington, D. C., either by parcel post or by freight on Government bill of lading.

RUPERT BLUE,
Surgeon General.

Articles or Supplies of Inferior Quality.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 13, 1916.

Bureau Circular Letter No. 103.

Commissioned medical officers, acting assistant surgeons, and others concerned:

When any articles or supplies received from the Purveying Depot or direct from a contractor are found upon examination to be defective, of poor quality, or not conforming to specifications, you are directed not to use the articles or supplies unless absolutely necessary, but notify the contractor, if ordered by you, or the Purveying Depot, if ordered from there, of the defect, inferior quality, or failure to comply with the specifications.

When a letter of this character is written to a contractor he should be told that the supplies are held subject to his order, and be requested to substitute therefor others that do conform to the specifications. A copy of said letter should be sent to the bureau.

RUPERT BLUE,
Surgeon General.

Consultants to Marine Hospitals.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 22, 1916.

Bureau Circular Letter No. 104.

To medical officers in charge United States marine hospitals:

Inasmuch as it is important that the patients of the service receive the best special treatment obtainable, and as it is impossible for every

medical officer of the service to be a specialist in all branches of medicine and surgery, you are directed to communicate with specialists residing in your city and inquire if any of them would be willing to serve without pay as consultants to the marine hospital at your station, forwarding to the bureau the names and addresses of those who are desirous of accepting such positions.

Upon receipt of the names of these physicians the bureau will recommend to the department that they be given an appointment for one year, with the understanding that they shall call at the hospital whenever requested to consult with you about the condition of certain patients under your charge with a view to determining the best form of treatment to employ, and to perform or assist in the performance of such operations as come within their particular specialty.

It may be mentioned to these physicians that, if appointed, they will have the privilege of stating on their letterheads, title pages of any articles or books they may publish, etc., the fact that they are consultants to marine hospitals controlled by the United States Public Health Service.

RUPERT BLUE,
Surgeon General.

Approved:

B. R. NEWTON,
Assistant Secretary.

Amends Portion of Bureau Circular Letter No. 97.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, February 6, 1917.

Bureau Circular Letter No. 105.

To medical officers in charge United States marine hospitals and quarantine stations:

The second paragraph of Bureau Circular Letter No. 97, dated October 20, 1916, entitled "Communications to the department to be transmitted through the bureau," is hereby amended to read as follows:

Officers in charge of stations in localities where a representative of the Supervising Architects's Office is permanently located shall submit to such representative for his opinion as to practicability, necessity, or value all proposals obtained for supplies, repairs, changes in construction, or mechanical equipment, exceeding \$100 in value, which are paid for out of funds under the control of the Supervising Architect. All papers, etc., in connection with such matters, will be returned to the custodian by such local representative to be transmitted

by him through the bureau in accordance with existing regulations. Proposals for items of the above character of less than \$100. in value shall be transmitted through the bureau direct in the usual manner. Vouchers in payment for all work chargeable to appropriations under the control of the Supervising Architect shall be prepared and certified to by the custodian in accordance with section 12 of the "Instructions to Custodians of Public Buildings" and need not be submitted to the local representative unless specifically directed to do so.

RUPERT BLUE,
Surgeon General.

Income Tax Return for Value of Quarters.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, February 13, 1917.

Bureau Circular Letter No. 106.

Medical officers, United States Public Health Service, and others concerned:

Your attention is invited to the following letter from the Deputy Commissioner of Internal Revenue, Treasury Department, dated February 2, 1917, addressed to the Surgeon General, relative to the income tax:

This office acknowledges the receipt of your letter of January 17, 1917, and in reply you are advised that where an officer or employee of the Federal Government is furnished living quarters in addition to a salary, the rental value of such quarters is regarded as compensation subject to the income tax, as may be seen upon reference to Treasury Decision 2079, a copy of which is inclosed herewith, which decision was issued under the provisions of the act of October 3, 1913, but is also applicable under the provisions of the Federal income tax law of September 8, 1916.

Treasury Decision No. 2079, dated November 24, 1914, referred to above, under income tax liability, states that the commutation of quarters and the money equivalent of quarters furnished in kind shall be returned as income. Under this decision officers occupying quarters at marine hospitals and quarantine stations will include in the income tax returns the value of furnished quarters they occupy as fixed by the amount of commutation they would receive in lieu of quarters.

For any further information regarding the income tax, inquiry should be made of the collector of internal revenue in the district in which the return is made. A copy of Treasury Decision No. 2079 is herewith inclosed.

RUPERT BLUE,
Surgeon General.

Fees for Professional Services to Beneficiaries.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 15, 1917.

Bureau Circular Letter No. 107.

To commissioned medical officers, acting assistant surgeons, and others concerned:

Your attention is called to paragraph 129 of the service regulations, 1913, which reads as follows:

129. No fee will be charged by any officer of the Public Health Service for the medical examination or professional treatment of seamen of the United States merchant marine or for making a certificate as to their physical condition, and no officer shall accept a fee for professional service relating to the public service, except acting assistant surgeons appointed for physical examinations only.

As long as you are an officer of the Public Health Service, no charge shall be made by you under any circumstances for professional services to officers or seamen on American vessels or to other beneficiaries of the service. The bureau can not permit its officers to receive fees for the treatment of seamen, as otherwise all sorts of excuses would be made by officers giving reasons why they had charged such patients for treatment.

No officer shall act in his official capacity as a private physician to a seaman, and if the latter requests him to do so, it will be necessary for the officer to inform the seaman that he is not permitted to receive a fee for such service.

The reason for the issuance of this circular at the present time is on account of workmen's compensation acts that have been passed by a number of States. Many transportation companies are insuring their employees against accident because of these acts, in accordance with the agreement between the transportation and insurance companies. The latter agree to pay for all necessary treatment for the first 14 days or more after the accident. As provided by their contracts, the insurance companies have in a number of instances offered to pay officers of the service for medical treatment furnished injured seamen, also to pay their hospital expenses, not being aware that the Government provides for such care and treatment.

In these cases the insurance companies should be informed that injured seamen are entitled to treatment at relief stations of the service and that there is no charge either for the services of the medical officer or for hospital expenses.

RUPERT BLUE,
Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 19, 1917.

Bureau Circular Letter No. 108.

To commissioned medical officers, acting assistant surgeons, and others concerned:

Your attention is directed to paragraph 6 of Circular Letter No. 17, dated September 20, 1916, issued by the United States Coast Guard, which reads as follows:

6. Where there is a medical officer attached to a cruising cutter vaccinations shall be performed by him. Where there is no medical officer attached the commanding officer shall arrange with the medical officer of the Public Health Service if there be one at the vessel's headquarters or with the officer in charge of a hospital or a relief station of that service on the vessel's station to perform the required vaccination. If the vessel is required to leave port after the first injection against typhoid fever has been administered to a person the commanding officer shall arrange to leave such person on a harbor cutter at the vessel's headquarters. If there be no harbor vessel available the commanding officer shall arrange to leave the person at a marine hospital of the first class during the absence of the vessel if the vessel is to be absent on the date that another injection is to be administered; but any person so left in hospital shall immediately report on board upon the vessel's first return to port.

When a warrant officer or enlisted man of the Coast Guard who is not in need of hospital care is sent to a marine hospital in order to be vaccinated against typhoid fever and there is no Coast Guard vessel in harbor, a voucher shall be prepared to reimburse the Public Health Service for the expense of such care during the time that he is in the hospital. The rates should be the same as those stated in T. D. 36469, dated June 8, 1916, for the accident because of these acts, and, in accordance with the agreement between the transportation and insurance companies, the latter agree to pay for all necessary treatment for the first 14 days or more after the accident. As provided by their contracts, the insurance companies have in a number of instances offered to pay officers of the service for medical treatment furnished injured seamen, also to pay their hospital expenses, not being aware that the Government provides for such care and treatment.

In these cases, the insurance companies should be informed that injured seamen are entitled to treatment at relief stations of the service and that there is no charge either for the services of the medical officer or for hospital expenses.

RUPERT BLUE,
Surgeon General.

Executive Order.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 6, 1917.

Bureau Circular Letter No. 109.

*Commissioned medical officers, United States Public Health Service,
and others concerned:*

Your attention is directed to the following Executive order:

Under the authority of the act of Congress, approved July 1, 1902, and subject to the limitations therein expressed, it is ordered that hereafter in times of threatened or actual war the Public Health Service shall constitute a part of the military forces of the United States, and in times of threatened or actual war, the Secretary of the Treasury may, upon request of the Secretary of War or the Secretary of the Navy, detail officers or employees of said service for duty either with the Army or the Navy. All the stations of the Public Health Service are hereby made available for the reception of sick and wounded officers and men, or for such other purposes as shall promote the public interest in connection with military operations.

WOODROW WILSON.

The WHITE HOUSE,
April 3, 1917.

RUPERT BLUE,
Surgeon General.

Oath of Allegiance.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 10, 1917.

Bureau Circular Letter No. 110.

*Commissioned medical officers United States Public Health Service
and others concerned:*

You are informed that all medical officers and employees of the Public Health Service who have not already done so should take the oath of allegiance to the United States.

You are, therefore, directed to have such employees under your charge execute this oath in duplicate (Form 2222, oath of office) and to forward both copies to the bureau as early as possible.

RUPERT BLUE,
Surgeon General.

Amends Bureau Circular Letter 105.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 24, 1917.

Bureau Circular Letter No. 111.

To medical officers in charge United States marine hospitals and quarantine stations:

1. In order to more fully harmonize bureau regulations with those of the Supervising Architect, with respect to the repairs and preservation of public buildings of the service, Bureau Circular Letter No. 105, dated February 8 is hereby revoked and the following instructions given:

2. All communications to the department shall be transmitted in conformity with paragraph 675 of the service regulations.

3. Officers in charge of stations at Boston, Mass.; New York, N. Y.; Charleston, S. C.; and San Francisco, Calif., hereafter, before taking action in connection with repairs or for supplies to be used in connection therewith, which are to be paid for out of funds under the control of the Supervising Architect, or incurring any expense on account thereof, shall present such requisitions to the local representative of the Supervising Architect, who is permanently located at the above-named places, for his recommendation, and who shall then, upon the approval of the Supervising Architect, take proposals thereon, return them to the medical officer in charge, with his indorsement, to be transmitted to the bureau.

4. When the services of a representative of the aforementioned offices are not available and the delay in securing same would result in damage to the Government property, the medical officer should act as provided for under Section XIII of instructions to custodians, with the statement that such services were not available and why.

5. In case of minor repairs or materials required therefor, the estimated cost of which is less than \$100, requisition should be submitted to the local representative of the Supervising Architect, who is hereby authorized to proceed with the taking of proposals for same, if approved by him; the bids to be forwarded through the bureau as above provided for.

6. If requisitions presented to representatives of the Supervising Architect at the above-named stations are not approved, the bureau should be so informed.

7. Medical officers in charge of all other stations shall secure authority from the Supervising Architect through the bureau before soliciting proposals or incurring any expense in connection therewith, where the estimated cost exceeds \$100, except for emergency expendi-

tures, when they shall be guided by Section XIII of instructions to custodians; for less amounts they may proceed to take proposals without special authority and submit them through the bureau as above provided for.

8. All vouchers for expenditures as above indicated shall be issued as provided for in instructions to custodians and forwarded to the Supervising Architect through the bureau.

9. This order has been approved by the Supervising Architect as to practice involved and instructions to his representatives in securing and approving proposals for the stations named in paragraph 8 and copies hereof will be forwarded them through the Supervising Architect.

RUPERT BLUE,
Surgeon General.

Filling in Block Spaces on Transportation Requests.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 28, 1917.

Bureau Circular Letter No. 112.

To medical officers and employees, United States Public Health Service:

In order to secure uniformity in filling in the *block spaces* on Treasury Department transportation requests the instructions herewith must be followed.

1. *Transportation*.—When transportation only is secured, the character of accommodations furnished should be stated in the upper space under the word "Class" as first, second, or third. Figures showing the exact number of persons securing transportation should be placed in the space under the words "Number of persons."

2. *Sleeping-car accommodations*.—When sleeping-car accommodations are secured, figures showing the actual number of berths obtained should be placed in the blank spaces under "Upper" or "Lower," "Standard," or "Tourist," as the case may be. Do not give the car number of the berth. The spaces under the word "Transportation" are not to be used in this case.

3. *Seat*.—When seats are obtained, figures in the space under the word "Seats" should be used to show the number of seats occupied.

4. *Stateroom*.—When a stateroom is secured, only the space under the word "Stateroom" is to be used. When a stateroom is furnished in connection with water transportation, the name of the vessel, and the number, location, or price of the stateroom must be stated in the lower space.

5. *Mileage or commutation books.*—When a request is used to secure mileage books or multiple trip tickets, the number of the book should be entered in the lower space of the blocks on the request.

6. Any information in regard to services rendered in addition to that on face of the request should be given under paragraph 2 on the reverse of the request over the signature of the traveler.

7. Care must be exercised that the correct name of the company or corporation furnishing the transportation is used. Nicknames or colloquial designations must be avoided.

8. All the block spaces not used should be crossed out either by "X" or by a line drawn through those spaces.

RUPERT BLUE,
Surgeon General.

Vaccination Against Typhoid Fever.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, May 31, 1917.

Bureau Circular Letter No. 113.

To commissioned medical officers, acting assistant surgeons, and others concerned:

All officers at present on duty, or who may hereafter receive a commission or appointment in the service, are directed to have themselves vaccinated against typhoid fever within one month after the receipt of this letter or within one month after being placed on duty, unless they have had this disease, have been previously vaccinated against it, or are over 55 years of age. Antityphoid vaccine may be obtained by sending a requisition to the Director of the Hygienic Laboratory, Washington, D. C.

A form similar to the inclosed should be prepared and forwarded to the bureau by each officer, if he has not already done so.

The receipt of this letter should be promptly acknowledged.

RUPERT BLUE,
Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 12, 1917.

Bureau Circular Letter No. 114.

To commissioned medical officers, acting assistant surgeons of the United States Public Health Service, and others concerned:

In accordance with section 21 of the act of September 7, 1916, providing compensation to civil employees of the United States injured

while in the performance of their duty, and at the request of the United States Employees' Compensation Commission, commissioned medical officers and acting assistant surgeons are hereby directed to act as referees in compensation cases in which there is a dispute between the claimant or his attending physician on the one hand and his official superior or the medical officer stationed at his place of employment on the other hand, as to the cause, nature, character, and extent of the disability in question. No examination in the capacity of referee should be made except upon the request of the injured employee's official superior or the United States Employees' Compensation Commission.

When such examinations are made the injured employee may be accompanied by his own physician, who may participate in such examination if he so desires. Likewise, if it is desired by the employee's official superior, he or some representative designated by him may be present and participate in the examination by the referee. Great care should be exercised in all examinations by referees to weigh carefully and with absolute impartiality all evidence submitted by either side to the controversy, and the referee must feel free to express his impartial judgment in each case. It is to be understood that referees are under no circumstances to consider themselves as representing the interests of the United States as against the interests of the injured employees, but are to arrive at a fair and impartial decision in each case.

If in any such cases there is a doubt as to the proper conclusion to be reached by the referee, the injured employee should be admitted to the hospital under charge of such referee for observation and treatment until such time as a definite decision can be reached.

At contract stations of the service vouchers should be made up in accordance with contract rates, but chargeable to the "Employees' compensation fund," and forwarded to the United States Employees' Compensation Commission through the bureau; vouchers for charges for X-ray examination and other unusual expenditures necessary to the examination should be made up and forwarded in the same manner. Reimbursement for necessary traveling expenses will be made from funds under the control of the United States Employees' Compensation Commission.

Requests to act as medical referee will be addressed to the medical officer in charge of the service at the port, who may act as referee himself or detail a junior medical officer serving under him to act in this capacity. Reports of examinations should be signed by the medical officer making them, and should be addressed to the United States Employees' Compensation Commission. If examination is made by a junior officer, report of same should be forwarded through the medical officer in charge of the station.

In addition to filling out the form "Physician's report on condition of injured employee," to be supplied by the United States Employees' Compensation Commission, a careful examination should be made in accordance with instructions given on clinical report Form 1946a, issued by the Public Health Service. This examination should include the whole body, and any injuries, defects, or abnormalities observed, in addition to that complained of, should be noted in report of examination, for the reason that such reports may be required in future years in the settlement of claims for injuries received while in the service of the Government. A complete record of such examinations should be prepared on clinical history Forms A, B, and C of the Public Health Service, and the same forwarded to the medical officer of the United States Employees' Compensation Commission, through the bureau.

RUPERT BLUE,
Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 27, 1917.

Bureau Circular Letter No. 115.

To commissioned medical officers, acting assistant surgeons, customs officers, and others concerned:

Section 9 of act of Congress approved September 7, 1916, entitled "An act to provide compensation for employees of the United States suffering injuries while in the performance of their duties, and for other purposes," reads as follows:

SEC. 9. That immediately after an injury sustained by an employee while in the performance of his duty, whether or not disability has arisen, and for a reasonable time thereafter, the United States shall furnish to such employee reasonable medical, surgical, and hospital services and supplies unless he refuses to accept them. Such services and supplies shall be furnished by United States medical officers and hospitals, but where this is not practicable shall be furnished by private physicians and hospitals designated or approved by the commission and paid for from the employees' compensation fund. If necessary for the securing of proper medical, surgical, and hospital treatment, the employee, in the discretion of the commission, may be furnished transportation at the expense of the employees' compensation fund.

The commission referred to above has been created and is known as the "United States Employees' Compensation Commission." This commission has immediate jurisdiction over matters pertaining to the medical and surgical relief of Government employees who are injured while in the performance of their duties.

In accordance with the provisions contained in the above-quoted section of the act of Congress approved September 7, 1916, civil em-

ployees of the United States who are injured while in the performance of their duties shall be furnished, upon application and without personal charge, reasonable medical and surgical treatment by all medical officers at first, second, and third class relief stations of the service, in accordance with rules hereinafter prescribed:

1. An injured civil employee of the United States in order to receive treatment shall present to the medical officer a certificate stating that he is a Government employee and that he was injured on a certain date while in the performance of his duties. Such certificate must be signed by the employee's superior officer, or by the medical officer, United States Employees' Compensation Commission.

2. An injured civil employee of the United States in order to obtain the benefits of the service must apply in person (or by proxy if too seriously injured so to do) at the local office of the Public Health Service, or to a medical officer of said service.

3. At marine hospitals no charge shall be made for services or supplies furnished injured civil employees of the United States. Expenditures incurred at said hospitals for the care and treatment of such injured employees are payable from appropriations for the Public Health Service.

4. At second and third class relief stations of the service expenditures incurred on account of either office or hospital treatment furnished injured civil employees of the United States shall be taken up in special vouchers rendered against the United States Employees' Compensation Commission. The rates charged for the care of seamen, as approved by the department, shall be charged for the care of injured Government employees at all contract hospitals of the service, and vouchers for such care should be rendered against the above-named commission. All vouchers for services or supplies furnished in the treatment of said injured employees will be paid direct by the United States Employees' Compensation Commission, and such vouchers should be forwarded to the bureau for reference to the proper officer of that commission, unless otherwise instructed. In preparing said vouchers, the words "Employees' compensation fund" should be written in at the station after the word "Appropriation" appearing on voucher forms, and stubs attached to such vouchers should be altered to show that payment is made on account of the United States Compensation Commission. Until further notice, vouchers for said services or supplies should be rendered on blanks issued by the Public Health Service Forms 1926 and 1949. Expenditures payable from the above-mentioned fund should not be listed among the expenditures noted in monthly schedules of encumbrances, Form 1955. No charges shall be made for professional services furnished said injured employees by medical officers of the service, nor shall any charge be made for supplies in stock furnished such persons.

5. Treatment furnished injured employees of the United States, in accordance with the above-mentioned act of Congress, shall be taken up in monthly reports of patients admitted to and discharged from hospital treatment at first and second class relief stations, and relief certificates and hospital permits shall be issued in case of treatment furnished such patients at third-class relief stations of the service. On such reports the class of patient should be designated or shown and authority for said treatment should be cited as "Act of September 7, 1916." Treatment furnished said patients shall also be taken up in "Medical officer's monthly report of relief, Form 1922," and in annual reports of medical and surgical relief furnished office and hospital patients, Forms 1923, 1924, and 1925.

6. Upon termination of both office and hospital treatment, a copy of the clinical record of treatment furnished injured employees of the United States shall be forwarded, through the bureau, to the medical officer, United States Employees' Compensation Commission. Such clinical records shall include the history, diagnosis, treatment, and other pertinent information connected with each case, and shall be prepared on service forms 1946 A, B, C, and D.

7. When it is in the interest of economy and to the welfare of injured employees of the United States, the above-mentioned commission will order the transfer of such patients from one station to another, including authority for the necessary expenses involved in such transfers. No injured employee should be so transferred without special authority from the United States Employees' Compensation Commission. Upon the transfer of an injured employee from a second or third class relief station to a marine hospital, for the purpose of receiving further treatment, a copy of the clinical record should be forwarded to the medical officer in charge of said marine hospital; and upon discharge of said employee from the marine hospital a complete clinical record (covering his treatment at both the contract relief station and marine hospital) shall at once be forwarded, through the bureau, to the medical officer, United States Employees' Compensation Commission.

Officers in charge of second and third class relief stations are directed to obtain letters signed by the proper authorities of the local contract hospitals to the effect that civil employees of the United States, injured while in the performance of their duties, will be received at said hospitals and furnished quarters, subsistence, nursing, and necessary medicines, during the fiscal year ending June 30, 1918, at the same rates as named in their proposals submitted for the care of seamen during said fiscal year, the services to be the same as that furnished seamen. These letters should be addressed to the

chairman, United States Employees' Compensation Commission, Washington, D. C. They should be obtained without delay and forwarded through the bureau.

Receipt of this circular should be acknowledged.

RUPERT BLUE,
Surgeon General.

Five and Ten Per Cent Increase of Compensation.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 6, 1917.

Bureau Circular Letter No. 116.

Medical officers in charge, United States Public Health Service, and others concerned:

1. Section 2 of the sundry civil act approved June 12, 1917, provides during the fiscal year 1918 increased compensation at the rate of 10 per cent per annum to employees who receive salaries at a rate per annum less than \$1,200 and for increased compensation at the rate of 5 per cent per annum to employees who receive salaries at a rate not more than \$1,800 per annum and not less than \$1,200 per annum.

2. The increase applies to every appointee under the United States Public Health Service (medical or other officers and all other employees) receiving compensation at the rate of \$1,800 per annum or less, whether on an annual, monthly, or per diem basis, in the service on and after July 1, 1917, or employed at any subsequent date during the fiscal year ending June 30, 1918.

3. The computation for the increase should be made on the amount of the regular compensation due for the period of service rendered. For instance, a person holding a position at \$600 per annum or the equivalent, \$50 per month, and who works 15 days will be paid \$27.50; \$1,200 per annum or \$100 per month, for 15 days \$52.50; \$1,800 per annum or \$150 per month, for 15 days \$78.75. If during the year an appointee is promoted or demoted, the computation for the increase or decrease will be made to cover the old salary and the new. For instance, a person working July 1 to December 31 at \$900 per annum would be entitled to the increase at the rate of 10 per cent on the pay for the first half of the fiscal year and at the rate of 5 per cent for the remainder of the year.

4. A per diem appointee receiving compensation at a rate less than \$3.33 $\frac{1}{3}$ per day will be entitled to the 10 per cent increase, and if the rate is not less than \$3.33 $\frac{1}{3}$ per day and not more than \$5 per day will be entitled to the 5 per cent increase, and if more than \$5 per day will not be entitled to any increase.

5. Computations to determine the correct increase to be paid pharmacists will be made on the annual compensation, including longevity pay but excluding commutation.

6. No new oath is required of those persons receiving the increased compensation.

7. A new form of pay roll is now in print, to show as separate items regular, increase, and total compensation. A supplemental requisition of Form 1906 should be mailed to the bureau at once for a supply of the new form, being particular to modify the requisition so that the item "Pay roll" will read Form No. 1952b and "Pay roll (constitution sheet)," Form No. 1952c. No. 1952c will not be necessary at stations having less than 12 names on the roll. Acting assistant surgeons, heretofore taken up on a separate roll, will continue to be so carried on the new form. The remarks and instructions for preparation of the roll printed thereon, both face and back, should be carefully read and exactly followed.

8. The use of Form Nos. 1952 and 1952a will be discontinued entirely for services rendered during the fiscal year ending June 30, 1918.

9. Form No. 1948 will be continued in use for pay and commutation of commissioned officers and pharmacists. The 5 and 10 per cent increases due pharmacists will be taken up thereon as a separate item from the regular compensation and be included in the total of the roll by writing "Increase compensation at — per cent" immediately under the name of each pharmacist, the increase to be entered in the pay column directly under the regular pay, the total for each pharmacist, including commutation, whenever there is such, to be extended in the amount due column.

RUPERT BLUE,
Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 12, 1917.

Bureau Circular Letter No. 117.

*To commissioned medical officers and acting assistant surgeons,
United States Public Health Service:*

You are directed, when requested by the proper officer, to make physical examinations of persons who desire to enroll in the navigation and engineering schools to be established by the United States Shipping Board. The examination should be conducted in accordance with the instructions on the back of the blank for the examination of able seamen (Form 983, Steamboat-Inspection Service) and a report of each examination should be made on this blank, the blank being altered as may be necessary.

You are also directed, upon the request of a superintendent of one of these schools, if such is established at your port, to deliver a short lecture on maritime quarantine to the students at such time as may be arranged between the superintendent and yourself, explaining the procedure required of vessels passing through quarantine and the Regulations of the Public Health Service on this subject.

RUPERT BLUE,
Surgeon General.

Amending Bureau Circular Letter No. 117.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 23, 1917.

Bureau Circular Letter No. 118.

*To commissioned medical officers and acting assistant surgeons,
United States Public Health Service:*

The first paragraph of Bureau Circular Letter No. 117, dated July 12, 1917, relative to making physical examinations of persons who desire to enroll in the navigation and engineering schools to be established by the United States Shipping Board, is hereby amended by striking out the words "The examination should be conducted in accordance with the instructions on the back of the blank for the examination of able seamen (Form 983, Steamboat-Inspection Service) and a report of each examination should be made on this blank, the blank being altered as may be necessary," and substituting in lieu thereof the following:

The examination should be made only for vision, color sense, and hearing, and the result should be recorded on Form 954 (Steamboat-Inspection Service), the blank being altered as may be necessary. No fee should be charged for this service.

A. H. GLENNAN,
Acting Surgeon General.

Reporting Outbreaks of Epidemics.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 6, 1917.

Bureau Circular Letter No. 119.

*Instructions for officers of the Public Health Service detailed to
investigate reported outbreaks or epidemics:*

Paragraph 745 of the service regulations applies to officers detailed to investigate outbreaks of disease in the same way and to the same extent that it does to officers at regular stations.

Officers detailed to investigate outbreaks of disease will within 48 hours after their arrival in the locality of the outbreak report to the Surgeon General by telegraph such available data as there may be at the time, giving by localities involved, (1) the time of the beginning of the outbreak, (2) the total number of cases reported since the beginning of the outbreak, (3) the number, or probable number, of cases which have occurred during the preceding seven days.

The following is a sample telegram giving this information :

Typhoid fever began Carson City May five, Smithville June two, Perry Township June twenty-five; total cases from beginning, Carson City fifty-six, Smithville thirty-one, Perry Township nine; week ended June twenty-nine, Carson City nine cases, Smithville five, Perry Township two.

Weekly reports of the progress of the outbreak will be made thereafter by telegram or mail so as to reach the bureau not later than Tuesday. These reports will give (1) the total number of cases and of deaths reported from the beginning of the outbreak to the preceding Saturday night, and (2) the number of cases of deaths due to the disease reported during the week ended Saturday night.

Upon finishing the investigation or leaving the vicinity of the outbreak, a report will be made giving a summary statement of (1) the cases and deaths reported by weeks by localities involved, and (2) the population of the locality or localities involved.

These reports are for the information of the bureau and for use in the Public Health Reports and when made by letter will be briefed "Morbidity reports."

You are requested to acknowledge the receipt of this letter.

Respectfully,

RUPERT BLUE,
Surgeon General.

**Relative to the Examination and Treatment of Persons Who Have Been
Rejected for Military Service on Account of Curable Conditions.**

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 24, 1917.

Bureau Circular Letter No. 120.

To the commissioned medical officers and acting assistant surgeons:

The bureau desires that you communicate with the chairmen of boards convened for the examination of recruits in your district and inform them that you are willing to furnish advice, including a pre-

scription, to all persons who have been rejected for military duty on account of conditions that are curable and request them to direct such persons to apply to you in order that you may assist them as far as possible and enable them to enlist and serve their country in a military capacity. You are also requested to inform the chairmen of these boards that men who have been rejected for the Army and Navy may be admitted to the marine hospitals as service patients if they are suffering from remediable infections or other diseases affecting the public health, but such persons must not exceed 10 in number in any one hospital at one time.

Respectfully,

RUPERT BLUE,
Surgeon General.

Approved:

W. G. McADOO, *Secretary.*

Reports of Clinical Results Observed in Using Arsphenamine.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 10, 1918.

Bureau Circular Letter No. 121.

To commissioned medical officers and acting assistant surgeons United States Public Health Service:

The Director of the Hygienic Laboratory has been directed to send to the Purveying Depot ampules of arsphenamine from which samples have been tested by the laboratory and found to conform with the rules and standards prescribed by this service and promulgated by the Federal Trade Commission, November 22, 1917, given in the Public Health Reports of December 7, 1917. The medical purveyor has been directed to distribute these ampules to the stations for the treatment of patients of the service. The directions given in each package should be carefully followed. A report on the inclosed blanks should be sent to the Director of the Hygienic Laboratory, Twenty-fifth and E Streets NW., Washington, D. C., at the end of each month, giving the name of the manufacturer, the lot number, the dose administered, the method of administration, and the clinical results observed in using this preparation, making special reference to any untoward reaction.

RUPERT BLUE,
Surgeon General.

Addresses of Officers on Field Duty.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 16, 1918.

Bureau Circular Letter No. 122.

Medical officers, United States Public Health Service, and others concerned:

In order to keep the bureau informed and to avoid possible delays in the delivery of mail, all letters sent to the bureau by officers in the field should give (below the name of the post office) the street or other address of the officer while on that particular detail.

Whenever practicable, all officers on field duty should also keep the bureau informed in advance of changes of address.

RUPERT BLUE, *Surgeon General.*

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 28, 1918.

Bureau Circular Letter No. 123.

Commissioned officers, acting assistant surgeons, and others concerned:

Your attention is invited to paragraphs Nos. 132, 133, and 134 of the regulations of the service directing officers to inform themselves fully as to the local health laws and regulations and to comply therewith, unless in conflict with national health laws and regulations.

A number of cities and States have recently issued regulations regarding reporting, examination, period of treatment, and quarantine measures necessary to prevent the spread of venereal diseases. You are directed to study carefully these regulations in force in your district and to comply with them. In case difficulties arise in carrying out this order you should communicate with the bureau for instructions.

RUPERT BLUE, *Surgeon General.*

Distribution of Typhoid and Paratyphoid Vaccines.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 4, 1918.

Bureau Circular Letter No. 124.

Medical officers, United States Public Health Service, and others concerned:

Bacterial vaccines for prophylactic use are available for distribution by the Hygienic Laboratory as follows:

1. Typhoid vaccine (1,000,000,000 *B. typhosus* per c. c.) in 1 c. c., 10 c. c., and 50 c. c. containers.

2. Mixed paratyphoid vaccine (750,000,000 *B. paratyphosus* A and 750,000,000 *B. paratyphosus* B per c. c.) in 1 c. c. containers.

3. Triple typhoid-paratyphoid vaccine (1,000,000,000 *B. typhosus*, 750,000,000 *B. paratyphosus* A and 750,000,000,000 *B. paratyphosus* B per c. c.) in 1 c. c., 25 c. c., and 50 c. c. containers.

Requisitions for the above vaccines should be addressed directly to the Director, Hygienic Laboratory, Twenty-fifth and E Streets NW., Washington, D. C. These requisitions should state explicitly (a) the kind and amount of vaccine desired and (b) the sizes of containers in which it should be furnished.

In order to promote economy in preparation and administration, officers should order the vaccines in the largest containers practicable whenever large numbers of persons are to be vaccinated. The vaccines will cost about one-sixth as much if 10 c. c. or 50 c. c. containers are used, and even less in 25 c. c. or 50 c. c. containers. Furthermore, a saving of time will also be effected in administering.

RUPERT BLUE, *Surgeon General.*

Cooperation of Service in Child Welfare Activities.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 19, 1918.

Bureau Circular Letter No. 125.

To commissioned medical officers, acting assistant surgeons, and others concerned:

In accordance with a request received from the Child Welfare Committee of the General Medical Board of the Council of National Defense, I desire to request all officers of the service to render their cooperation in carrying out the child-welfare program approved by the above-mentioned committee. This program corresponds closely with previous suggestions of the service, and outlines the following essential factors in the protection of mothers and infants in war time:

Birth registration.

Prenatal care of mothers.

Obstetrical care of all women at confinement.

Infant care under physicians, and especially trained public-health nurses.

A safe and sufficient milk supply.

Care of the child during the preschool age, especially as regards nutrition.

RUPERT BLUE, *Surgeon General.*

Care and Treatment of Patients on Account of the Bureau of War Risk Insurance.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 22, 1918.

Bureau Circular Letter No. 126.

To commissioned medical officers, acting assistant surgeons, and others concerned:

In accordance with a decision rendered by the Comptroller of the Treasury, and as requested by the Director of the Bureau of War Risk Insurance, you are informed that, hereafter, persons who are entitled to medical relief under the provisions of act of Congress approved October 6, 1917, shall be furnished necessary hospital and out-patient treatment at first, second, and third class relief stations of the service, upon requests issued by the proper officials of said bureau, reimbursement for the care and treatment of such persons to be made by a transfer of funds from appropriations for the Bureau of War Risk Insurance, at rates charged for the care and treatment of officers and enlisted men of the United States Army and Navy, as stated in annual circulars entitled "Contracts for the care of seamen, etc."

Unless specifically authorized in each case, the above-mentioned patients are not subject to transfer from contract relief stations for the purpose of receiving further treatment. Bills for reimbursement on account of treatment furnished said patients should be rendered on Forms 1928 and 1929, as the case may be, and monthly reports of such treatment should be rendered on Form 1927.

In vouchers rendered for the care and treatment of said patients at second and third class relief stations, the letters "W. R. I." should be given after the name of each patient.

RUPERT BLUE,
Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, May 14, 1918.

Bureau Circular Letter No. 127.

To commissioned medical officers, acting assistant surgeons, and others concerned:

You are hereby notified that it will be unnecessary hereafter to send copies of clinical histories of injured civil employees treated at your station to the Employees' Compensation Commission,

through the bureau, or by the chairman of the Employees' Compensation Commission. Besides the usual clinical histories of hospital patients, a memorandum should be kept on small cards, or otherwise, of the diagnosis, symptoms, and treatment of injured civil employees treated as out-patients, in case the chairman of the Employees' Compensation Commission should at any time desire information about one of these patients. Special care should be taken in preparing forms C. A.-4, C. A.-5, and C. A.-8 of the United States Employees' Compensation Commission, as the manner and completeness in which these medical blanks are filled out is of great importance to the commission in determining the merits of the claims.

Respectfully,

RUPERT BLUE,
Surgeon General.

Malaria Poster.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, May 16, 1918.

Bureau Circular Letter No. 128.

The POSTMASTER.

SIR: I take pleasure in sending herewith a poster describing the means of transmission and prevention of malaria. It is of the greatest importance that the people generally understand that this disease, so serious and prevalent in certain sections, is transmitted only by one kind of mosquito and that there are practical and comparatively easy means of preventing it. May I request that you cooperate with the United States Public Health Service in its efforts to make such knowledge general by placing this poster in some permanent, conspicuous place and by seeing that it is not torn down or defaced? Permission for placing this poster in your office has been granted by the Postmaster General.

If the poster is destroyed, another copy will be gladly sent on request, and copies will also be sent to be posted in other public places.

Thanking you for your cooperation in this attempt to reduce the prevalence of malaria, I am,

Respectfully,

RUPERT BLUE,
Surgeon General.

Safeguards to be Observed in Performing Fumigation With Hydrocyanic Acid Gas.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 5, 1918.

Bureau Circular Letter No. 129.

To officers of the United States Public Health Service:

The attention of officers is especially directed to the provisions of bureau circular letter No. 100, dated November 4, 1916. The instructions contained therein are mandatory and not discretionary, and if impracticable of application vessels shall be fumigated with sulphur and not with cyanide gas.

Vessels that have been fumigated with cyanide shall not be declared safe subsequent to opening of the hatches and ventilations until the holds and compartments have been entered in all parts by the quarantine officer or a trusted employee.

The master of the vessel shall be served with a written notice warning against entry of any of the crew to fumigated compartments until after decision of the quarantine officer as to safety; and the decision as to safety for entering compartments shall also be delivered in writing.

Officers are directed to acknowledge the receipt of this circular.

RUPERT BLUE,
Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, May 27, 1918.

Bureau Circular Letter No. 130.

To commissioned medical officers, acting assistant surgeons, and others concerned:

You are advised that seamen and other beneficiaries suffering from venereal diseases should not be discharged from marine hospitals until the infectious period has passed, provided sufficient beds are available for their treatment. All patients before their discharge from hospitals, or out-patient offices, should be instructed in the methods of preventing the spread of venereal diseases and the precautions that should be taken not to have sexual intercourse until they have been pronounced thoroughly cured by an officer of this service or by a reputable physician.

RUPERT BLUE,
Surgeon General.

Directing Officers to Have All Statements of Accounts Signed by Naval or Other Pay Patients; Also Relative to Discontinuing Coast Guard Clinical Histories.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 11, 1918.

Bureau Circular Letter No. 131.

To commissioned medical officers, acting assistant surgeons, and others concerned:

The Auditor for the Navy Department has requested this bureau to instruct its officers to secure the signatures, in all cases, of Navy patients furnished treatment, before bills are presented for repayment by the Navy Department. The Surgeon General of the Navy states that it is important, in view of this request of the auditor, that these signatures should be obtained, as reimbursement will probably be impracticable should the auditor insist upon such signatures before allowing reimbursement for the care of naval patients. You are therefore directed to be careful to have all statements of account signed by naval or other pay patients.

You are advised that copies of clinical histories of Coast Guard patients need not in the future be forwarded to the Bureau except as follows:

- (1) Upon the request of the Captain Commandant, U. S. Coast Guard or the bureau,
- (2) When a patient is recommended for retirement,
- (3) When it is believed a patient can no longer be benefited by a stay in the hospital; in such case a recommendation as to his final disposition should be made.

Respectfully,

RUPERT BLUE,
Surgeon General.

Fire Hose to be Tested Before Ordering New Supplies.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 24, 1918.

Bureau Circular Letter No. 132.

To medical officers in charge, United States marine hospitals and quarantine stations:

1. Numerous requests for authority to secure proposals for fire hose to replace the present supplies reported to be unserviceable indicate an unusually short life for fire hose.

2. As this material is supplied from funds under the control of the Supervising Architect medical officers in charge of marine hospitals and quarantine stations will in the future report all fire hose which is apparently unserviceable to the bureau, and request a test and inspection by a properly qualified representative of the Supervising Architect's Office before making requisition for additional fire hose.

3. Sections of fire hose showing failure under regulation fire drills or other tests shall be removed from service and stored for inspection as above indicated, and the fact immediately reported.

4. All fire hose hereafter placed on the unserviceable property list shall, before being condemned by an inspector appointed under bureau regulations, be submitted to inspections and tests by a mechanical inspector of the Supervising Architect's Office and a tag bearing the inscription, "Inspected and condemned," with the date, name, and title of the inspector marked thereon.

RUPERT BLUE,
Surgeon General.

Malaria Poster.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 25, 1918.

Bureau Circular Letter No. 133.

The RAILROAD AGENT.

SIR: I take pleasure in sending herewith a poster describing the means of transmission and prevention of malaria. It is of the greatest importance that the people generally understand that this disease, so serious and prevalent in certain sections, is transmitted only by one kind of mosquito, and that there are practical and comparatively easy means of preventing it. May I request that you cooperate with the United States Public Health Service in its efforts to make such knowledge general by placing this poster in some permanent, conspicuous place and by seeing that it is not torn down or defaced? Permission for placing this poster in your office has been granted by Director General of Railroads.

If the poster is destroyed another copy will be gladly sent on request, and copies will also be sent to be posted in other public places.

Thanking you for your cooperation in this attempt to reduce the prevalence of malaria, I am,

Respectfully,

RUPERT BLUE,
Surgeon General.

Additional Compensation at the Rate of \$1,200 Per Annum.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 19, 1918.

Bureau Circular Letter No. 134.

Medical officer in charge and others concerned:

Section 6 of the legislative, executive, and judicial act, approved July 3, 1918, provides that during the fiscal year 1919 all civilian employees of the United States Government, receiving an annual compensation not in excess of \$2,500, shall receive additional compensation at rate of \$1,200 per annum.

Provided, first. That employees receiving an annual compensation at a rate greater than \$2,500 shall receive additional compensation at such a rate as to make the total compensation not more than \$2,620.

Second. That employees receiving less than \$400 per annum shall receive an increase at the rate of 30 per cent of the monthly compensation.

Third. That where an employee has received during the fiscal year 1918 or shall receive during the fiscal year 1919 an increase of salary in excess of \$200 per annum or where an employee has entered in service since July 30, 1917, no increase shall be paid until a certificate has been made as to the ability and qualifications of such employee such as would justify such increased compensation. This certificate will be made by the medical officer in charge subject to the approval of the head of the department.

Fourth. Employees whose services are utilized for brief periods or whose employment is of an intermittent nature, such as laborers employed in extra-cantonment zones, will not be entitled to the increase of compensation.

Fifth. Persons whose duties require only a portion of their time, but who hold themselves in readiness to work whenever called on, will be entitled to the increase.

This circular supersedes bureau circular letter No. 116, dated July 6, 1917, as to rate of increase.

Pay roll forms Nos. 1948, 1952b, and 1952c will be used in the same manner as during the fiscal year 1918.

RUPERT BLUE,
Surgeon General.

Relative to Regulations Concerning Federal Compensation Act.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 25, 1918.

Bureau Circular Letter No. 135.

To commissioned medical officers, acting assistant surgeons, and others concerned:

There is transmitted herewith a copy of the Regulations Concerning Duties of Employees, Official Superiors, Medical Officers, and Others under the Federal Compensation Act of September 7, 1916, together with a list of physicians and hospitals available for the treatment of civil employees of the United States who are injured while in the performance of their duty.

Officers of this service are directed to thoroughly familiarize themselves with these regulations and to render any assistance within their power to persons desiring to make claim under the Federal compensation act, in order to assist the United States Employees' Compensation Commission in its task of administering the above act.

Respectfully,

RUPERT BLUE,
Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 31, 1918.

Bureau Circular Letter No. 136.

To State and local health authorities and others concerned:

Inasmuch as there is no doubt that shaving brushes infected with anthrax are to be found in trade channels in the United States, administrative action is required. Regulations have been adopted which will prevent the further interstate shipment of infected brushes, but in order to protect the public in the use of shaving brushes already in trade channels, sterilization is recommended before use of all brushes made from material not sterilized in the process of manufacture. These are chiefly brushes made of horsehair with or without an outside layer of imitation badger hair.

For sterilization of brushes, the following procedure is suggested:

The brush should be soaked for four hours in a 10 per cent solution of formalin (by formalin is meant a 40 per cent solution of formaldehyde). The solution should be kept at a temperature of 110° F. and the brush so agitated as to bring the solution into contact with all hair or bristles.

I shall be obliged to you for bringing this information to the attention of all those interested.

Respectfully,

RUPERT BLUE,
Surgeon General.

Form of Certificate Required to Procure Additional Compensation at the Rate of \$120 Per Annum.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 1, 1918.

Bureau Circular Letter No. 137.

Medical officers in charge, and others concerned:

The certificate required by section 6 of the act approved July 3, 1918 (Public, No. 188), should be in the following form:

¹ _____ received on July 1, 1917, a salary of \$_____.
(Designation and name.)
he is now receiving a salary of \$_____.
² _____ was appointed at a salary of \$_____ and now
(Designation and name.)
receives a salary of \$_____.
³ The services performed by him _____ and his ability and
(State character of services.)
qualifications are entirely satisfactory.

Respectfully,

_____.

Approved and respectfully forwarded to the Secretary of the Treasury with the recommendation that _____ be certified entitled to increased compensation.
(Designation and name.)

_____.

Surgeon General.

New employees and those selected to fill vacancies occurring should be recommended for appointment at the base rate of pay as no certificate can be made relative to their ability and qualifications until after a period of service has elapsed; it is thought that one month will be a fair probationary period after which the certificates in the above-prescribed form may be transmitted to the bureau if the conduct and capacity of the probationer warrants it.

Respectfully,

_____.

Surgeon General.

RUPERT BLUE,
Surgeon General.

¹ Use this form for employees in the service June 30, 1917.

² Use this form for employees who have entered the service since June 30 1917.

³ This statement as to character of services, ability, and qualifications applies to both classes.

Army, Navy, and War Risk Patients to be Placed on Separate Vouchers.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 13, 1918.

Bureau Circular Letter No. 138.

To commissioned medical officers, acting assistant surgeons, and others concerned:

You are advised that arrangements have been made with the War and Navy Departments and with the War Risk Insurance Bureau of the Treasury Department to pay for the care and treatment of their patients under the charge of this service at second, third, and fourth class relief stations, by direct payment to the payee by disbursing officers' checks upon receipt of vouchers signed by the payee and certified by the medical officer in charge of the station. You are therefore directed hereafter to forward separate vouchers for each of the above class of patients, as follows:

ARMY PATIENTS.

Vouchers for Army patients should be prepared on War Department Form No. 355, a supply of which is inclosed. The first certificate should be signed by the payee; the second should be completed by filling in the names of the Army officers who requested the treatment or services and certified by the medical officer in charge of the station. Each voucher must be accompanied by the original requests for treatment. Only one request is necessary, regardless of the length of time a patient remains under treatment. Vouchers should be rendered promptly at the end of each month.

NAVY PATIENTS.

[Includes U. S. Naval Reserve Force but not members of U. S. Coast Guard.]

Vouchers for Navy patients should be prepared on Public Health Service Forms Nos. 1926 and 1949, and should be headed "United States Navy" just above the line for "Appropriation." They should be signed by the payee and certified by the medical officer in charge of the station, and must be accompanied by the original requests for treatment. Only one request is necessary, regardless of the length of time a patient remains under treatment. Vouchers should be rendered promptly at the end of each month. Stubs of these vouchers should be completely filled in at the station.

WAR-RISK INSURANCE PATIENTS.

Vouchers for war-risk patients should be prepared on Public Health Service Forms Nos. 1926 and 1949 and headed "Bureau of War Risk Insurance" just above the line for "Appropriation." They should be

signed by the payee and certified by the medical officer in charge of station and must be accompanied by the original, regardless of the length of time a patient remains under treatment. Vouchers should be rendered promptly at the end of each month. Stubs of these vouchers should be completely filled in at the station.

All vouchers for the above-named three classes of patients should include not only charges for hospital care and treatment but miscellaneous services under contract, such as ambulance and X-ray service, use of operating room, etc.

The three classes of patients mentioned above should not hereafter be included in the monthly report of relief furnished foreign seamen, Form No. 1927, at second, third, and fourth class stations unless out-patient relief has been furnished.

The rendering of repayment accounts, Form No. 1928, covering treatment and services for the above-named three classes of patients in hospital, should hereafter be discontinued at second, third, and fourth class stations. When out-patient relief is furnished, repayment accounts, Form No. 1929, should be rendered in duplicate.

All vouchers rendered for direct payment by the War Department, Navy Department, and Bureau of War Risk Insurance should not be listed on monthly schedule of encumbrances, Form No. 1955.

All portions of Bureau Circular Letter No. 131, dated June 11, 1918, and unnumbered bureau circulars dated April 14, 1917, and April 10, 1918, in conflict with the above, are hereby annulled.

RUPERT BLUE,
Surgeon General.

Military Status of Commissioned Medical Officers.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 13, 1918.

Bureau Circular Letter No. 139.

For the information of commissioned medical officers:

The following quotation is made from a letter of the honorable the Secretary of War to the honorable the Secretary of the Treasury:

As the commissioned officers of the Public Health Service are engaged on important public health and sanitation work, especially in the vicinity of Army and Navy training camps, as they are in charge of the hospitals of the Public Health Service to which officers and enlisted men of the Navy may be admitted under certain conditions, and as that service is experiencing difficulty in maintaining its commissioned personnel, the Provost Marshal General has recommended that a broader interpretation be given to the Executive order of April 3, and that the Selective Service Regulations (note 3, sec. 79) be amended in this respect so as to include all officers of the Public Health Service commissioned under authority of the act of January 4, 1889. The regulations have been amended accordingly.

The office of the Provost Marshal General has amended section 79, note 3, of the Selective Service Regulations and has communicated the same to draft executives in all States, as follows:

The words, "Persons in the military and naval service of the United States," as employed in said act of Congress and in these regulations, shall be construed as including all officers and enlisted men of the Regular Army, the Regular Army Reserve, the Officers' Reserve Corps, and the Enlisted Reserve Corps; all officers and enlisted men of the Navy, the Marine Corps, and the Coast Guard; all officers and enlisted men of the Naval Volunteers recognized by the Navy Department; *all officers of the Public Health Service commissioned under authority of the act of January 4, 1889*; and any of the personnel of the Light-house Service and of the Coast and Geodetic Survey transferred by the President to the service and jurisdiction of the War Department or of the Navy Department.

RUPERT BLUE, *Surgeon General.*

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 5, 1918.

Bureau Circular Letter No. 140.

For the information of commissioned medical officers:

Owing to some uncertainty as to whether commissioned officers falling within the age limits of the new draft should register, although a recent ruling of the Provost Marshal General has placed them definitely as a part of the military forces, it seems advisable, as specific mention is not made of the Public Health Service in the President's proclamation, that officers register.

Upon registration, they will not be subject to call and will be placed in class 5, Section D, as a part of the military forces in accordance with Executive order of April 3 and Selective Service Regulations of the Provost Marshal General.

Respectfully,

RUPERT BLUE, *Surgeon General.*

Information in Regard to Commutation for Heat and Light.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 16, 1918.

Bureau Circular Letter No. 141.

To commissioned officers, United States Public Health Service:

For the information of the commissioned medical officers, it may be stated that officers drawing commutation will not be allowed heat and light allowances unless quarters are occupied at the station from

which they receive commutation; for instance, a person drawing commutation as a result of his station at New York and occupying rooms at Columbia, S. C., will not be allowed heat and light allowances for the rooms he occupies at the latter station.

Respectfully,

RUPERT BLUE,
Surgeon General.

"Spanish" Influenza Poster.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 26, 1918.

Bureau Circular Letter No. 142.

The POSTMASTER.

SIR: I take pleasure in sending herewith a poster describing the means of transmission and prevention of "Spanish" influenza. It is of the greatest importance that the people generally understand that this disease, so serious and prevalent at this time, is a crowd disease, probably spread mainly by coughing, sneezing, and spitting in public places and by the use of common drinking cups, common towels, etc. May I request that you cooperate with the United States Public Health Service in its efforts to make such knowledge general by placing this poster in some permanent, conspicuous place and by seeing that it is not torn down or defaced? Permission for placing this poster in your office has been granted by the Postmaster General.

If the poster is destroyed, another copy will be gladly sent on request, and copies will also be sent to be posted in other public places.

Thanking you for your cooperation in this attempt to prevent the spread of this disease, I am,

Respectfully,

RUPERT BLUE,
Surgeon General.

"Spanish" Influenza Poster.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 26, 1918.

Bureau Circular Letter No. 143.

The RAILROAD AGENT.

SIR: I take pleasure in sending herewith a poster describing the means of transmission and prevention of "Spanish" influenza. It

is of the greatest importance that the people generally understand that this disease, so serious and prevalent at this time, is a crowd disease, probably spread mainly by coughing, sneezing, and spitting in public places and by the use of common drinking cups, common towels, etc. May I request that you cooperate with the United States Public Health Service in its efforts to make such knowledge general by placing this poster in some permanent, conspicuous place, and by seeing that it is not torn down or defaced? Permission for placing this poster in your office has been granted by the Director General of Railroads.

If the poster is destroyed another copy will be gladly sent on request, and copies will also be sent to be posted in other public places.

Thanking you for your cooperation in this attempt to prevent the spread of this disease, I am

Respectfully,

RUPERT BLUE,
Surgeon General.

Information Relative to Claiming Deferred Classification.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 28, 1918.

Bureau Circular Letter No. 144.

To commissioned officers and the noncommissioned scientific personnel:

Under the provisions of Department Circular No. 122, it is desired that deferred classification should be requested in the case of employees whose services are absolutely necessary to the successful prosecution of work and whose places can not be satisfactorily filled. As bearing on the questionnaire, the following interpretations are presented for individual guidance:

1. Commissioned officers are exempted under class 5 A, as defined in part 13, Treasury Department, and notation on the questionnaire should be made accordingly.

2. The classification of commissioned officers is 5 A. The classification of the noncommissioned personnel is 3 I.

3. Under subheading of occupation, series 1, general questions, medical officers should classify themselves as physicians, 43 P, under key list of occupations.

Under heading of special work, should state commissioned officers, U. S. P. H. S.

Noncommissioned personnel should designate character of work being performed and state under special work, U. S. P. H. S.

4. Under the series enumerated below, the answers should be given as indicated:

	Series 3.	Series 6.	Series 8A.	Series 11.
Commissioned officers.....	Yes.....	Yes.....	No.....	No.
Noncommissioned personnel.....	No.....	No.....	No.....	Yes.

¹ Add section 79, note 3, amendment Provost Marshal General, Aug. 5, 1918.

5. The bureau will claim deferred classification of such individuals in the noncommissioned scientific personnel as may be recommended by the officer in charge of the work that their services are indispensable and the position they occupy can not be filled.

6. A memorandum setting forth in considerable detail the reasons why deferred classification is asked, with special reference as to why the registrants' services can not be replaced by another without material loss to the Government, should be made and transmitted with application for deferred classification.

Respectfully,

RUPERT BLUE,
Surgeon General.

Relative to Treatment of Venereal Diseases.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 13, 1918.

Bureau Circular Letter No. 145.

To commissioned medical officers, acting assisting surgeons and others concerned:

You are informed that the bureau desires that the treatment of venereal infections in marine hospitals and relief stations shall fully conform to the highest modern standards, in so far as this concerns the work at your station, you are directed to give it your immediate and particular attention. A copy of the Manual of Treatment of the Venereal Diseases, issued from the office of the Surgeon General of the Army and enlarged by the bureau, will be mailed to you soon. You will take immediate steps to ascertain what additional instruments, supplies, drugs, and assistance you need in order to carry out modern methods of treatment and make prompt requisition for the same.

The instructions contained in Bureau Circular Letters No. 123, dated January 28, 1918, and No. 130, dated May 27, 1918, relative to complying with local health regulations regarding the reporting, examination, period of treatment, and quarantine measures necessary to prevent the spread of venereal diseases should be carefully

followed. In addition you are directed to have each patient instructed as to the nature of his disease and how to avoid conveying it to others, and to hand him a copy of the circular of information on venereal diseases, copies of which are inclosed with this letter. A further supply of these circulars can be obtained from the bureau upon request.

Respectfully,

RUPERT BLUE,
Surgeon General.

Instructions Concerning Use of Government Transportation Requests.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 23, 1918.

Bureau Circular Letter No. 146.

To commissioned medical officers, acting assistant surgeons, and others concerned:

It has been decided that, effective December 1 next, the additional charge for passage in sleeping and parlor cars will be represented by the sleeping or parlor car ticket issued for the space occupied.

This will necessitate some change in the present method of issuing transportation requests in the following particulars:

1. Request for railroad tickets must be drawn on the railroad company as heretofore, but must not include the additional passage charge. Such requests will be honored only for tickets at coach fares.

2. Requests for sleeping or parlor car accommodations will be assumed to include the additional passage charge for travel in sleeping or parlor cars unless the request is specifically indorsed to the contrary.

3. In cases where it is desired to pay additional passage charge beyond the point to which the request for sleeping or parlor car accommodations reads, "A separate request should be drawn on the sleeping or parlor car company for the additional passage charge from starting point to the desired destination," and the request for sleeping or parlor car space should be indorsed specifically that it does not include the additional passage charge.

All collections for additional passage charges for travel in sleeping or parlor cars, "whether included in the request for sleeping or parlor car accommodations or in a separate request," will be made by the sleeping or parlor car company and not by the railroad company.

Detailed information concerning the new arrangement may be obtained from agents and conductors.

RUPERT BLUE,
Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 3, 1919.

Bureau Circular Letter No. 147.

Officers of the United States Public Health Service, assigned to extra-cantonment zones and to State boards of health:

In writing to the Division of Venereal Diseases regarding current activities, you are instructed to write separate letters regarding medical and educational measures, and in general to write separate letters regarding distinctly different matters instead of including them in a single letter.

Respectfully,

RUPERT BLUE,
Surgeon General.

Reports of Relief for the United States Employees' Compensation
Commission.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 27, 1918.

Bureau Circular Letter No. 148.

To commissioned officers, acting assistant surgeons, and others concerned:

The following blanks for recording and reporting injuries to civil employees of the Government will be forwarded to you in a few days by the United States Employees' Compensation Commission:

1. *Medical record of injury and treatment (Form CA-19).*—This form should be filled out in all cases where an injured civil employee applies for treatment. If the medical officer feels confident that an employee is not entitled to the benefits of the compensation act, his reasons for so thinking should be noted under "Remarks." Supplementary case records giving a more detailed clinical history of the case should be kept in all instances of serious injury.

2. *Medical report of injury to United States employee (Form CA-20).*—This report should be forwarded to the United States Employees' Compensation Commission as soon as the required information regarding the case, including the nature and extent of injury, shall have been ascertained.

3. *Discharge report of injury case (Form CA-21).*—This report should be forwarded to the United States Employees' Compensation Commission when an injured civil employee is discharged from treatment.

The forwarding of these reports, Forms CA-20 and CA-21, should be begun January 1, 1919, and should include those cases previously treated, but which are still under treatment on January 1.

Requests for additional blanks should be sent direct to the office of the Compensation Commission.

Respectfully,

J. C. PERRY,
Acting Surgeon General.

Examination of Disabled Men for the Federal Board for Vocational Education.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 30, 1918.

Bureau Circular Letter No. 149.

To commissioned officers, acting assistant surgeons, and others concerned:

You are advised that upon request made by the district vocational officer of the Federal Board for Vocational Education an examination should be made by you of a disabled man discharged from the military forces desiring to enter upon a course of vocational training, placing him for a few days, if necessary, in the marine hospital or contract hospital for observation or special examination to determine the feasibility of his entering upon such a course. Such discharged soldier or sailor must be under compensation as a condition precedent to training, as provided by law.

If the patient has been in a contract hospital, a bill should be made out on Form No. 1926 for transmission through the bureau to the Federal Board for Vocational Education for payment at the contract rate for the number of days he has been at the hospital.

If the man has been in a marine hospital repayment account should be rendered on Form No. 1928 at the same rate as is charged in T. D. 37671 for war risk patients, and the names of such persons reported on monthly report of relief furnished foreign seamen or other pay patients, Form No. 1927.

All papers concerning the above, including vouchers, relief certificates, and hospital permits, should be headed "Federal Board for Vocational Education."

Respectfully,

RUPERT BLUE,
Surgeon General.

Treatment of Beneficiaries of the War Risk Insurance Bureau.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 3, 1919.

Bureau Circular Letter No. 150.

To commissioned medical officers, acting assistant surgeons, and others concerned:

Applicants for compensation under the provision of the war-risk insurance act are entitled to examination and treatment by officers of the service.

Some complaints have been received that they have not always received proper consideration.

When an applicant for compensation presents proper credentials from the War Risk Bureau, he should be treated courteously and the examination made without undue delay.

The officer in charge of a station where such examinations are made will be expected to notify the bureau promptly if his personnel is not adequate for the proper conduct of this work.

Respectfully,

RUPERT BLUE,
Surgeon General.

Information for Applicants for Appointment and Commission in the Reserve of the United States Public Health Service.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 11, 1919.

Bureau Circular Letter No. 151.

The Reserve of the Public Health Service is organized for the purpose of making available a corps of physicians, sanitarians, and scientists who may in time of national emergency be called to active duty in the Public Health Service.

The reserve officers will ordinarily remain on inactive duty but subject to call at any time. When an emergency arises, they may be called to active service; and while so serving they will receive the compensation of their grade. The duties which reserve officers will be expected to perform are similar to those of regular officers of the Public Health Service.

In the event that you wish to be considered for membership in the Reserve, it is requested that you comply with paragraph 4 of the

Rules and Regulations for the Government of the Reserve of the United States Public Health Service, which provides as follows:

Citizens of the United States desirous of undergoing examination for appointment and commission in the Reserve of the Public Health Service must make an application in their own handwriting requesting permission to appear before a board of examiners. An applicant for examination shall state his age, date and place of birth, present legal residence, whether he is a citizen of the United States; give the names of the schools or colleges of which he is a graduate; furnish testimonials from at least two persons as to his professional and moral character; and submit a recent photograph of himself. An applicant of foreign birth must furnish proof of American citizenship.

Respectfully,

RUPERT BLUE,
Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 12, 1919.

Bureau Circular Letter No. 152.

To commissioned officers and officers in charge of field work:

In organizing the Reserve of the Public Health Service it is desired to consider for appointment and commission on the inactive list such persons of medical, sanitary, and scientific attainments as officers of the service wish to recommend. Men who have had experience in service work, and whose qualifications have proven satisfactory will be especially useful as members of the reserve. It is not expected, however, that they will be assigned to active duty except in time of emergency. Officers are also requested to furnish the names of persons whom they believe qualified to render efficient services, even though such persons have never held positions in the service.

In recommending candidates for the reserve, officers are cautioned to include only such persons as they conscientiously believe are qualified to become officers.

Upon receipt of recommendations from officers, the persons recommended will be provided with instructions as to the method of procedure to be followed in applying for appointments and commissions in the reserve.

Respectfully,

RUPERT BLUE,
Surgeon General.

Report of Clinical Results Observed in Using Arsphenamine and
Neoarsphenamine.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 28, 1919.

Bureau Circular Letter No. 153.

To commissioned medical officers, acting assistant surgeons, United States Public Health Service, and others concerned:

You are instructed to forward to the Director of the Hygienic Laboratory reports of any fatal or unfavorable results from the use of arsphenamine and neoarsphenamine.

In such reports should be included all immediate or delayed reactions or failures of the drugs to give proper therapeutic response and any other unfavorable results. These reports should be made immediately after the unfavorable results have been observed and should include the following information: The manufacturers of the drug and the lot number; the name, age, and sex of the patient; the stage of the disease; the presence of any complications; the dose of the drug given; the amount of sodium hydroxide required for neutralization in the case of arsphenamine; the total dilution, i. e., the total amount of fluid injected; and the length of time occupied in the administration.

The monthly report previously required by bureau circular letter dated January 10, 1918, No. 121, need no longer be forwarded.

RUPERT BLUE,
Surgeon General.

Information Relative to Military Status of the Personnel of the United States Public Health Service and Its Bearing on Specific Exemption of \$2,500 Salary or Compensation Received by Persons in Military and Naval Forces of the United States During the Present War.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington March 1, 1919.

Bureau Circular Letter No. 154.

To commissioned medical officers and other personnel, United States Public Health Service:

The revenue act defines as follows:

The term "military or naval forces of the United States" includes the Marine Corps, the Coast Guard, the Army Nurse Corps (female), and the Navy Nurse Corps (female) but this shall not be deemed to exclude other units otherwise included within such term.

The Executive order approved by the President April 3, 1917, constituted the personnel of the United States Public Health Service a part of the military forces of the United States and the Commissioner of Internal Revenue, taking into consideration the definition of the act as to what constitutes military and naval forces and the provisions of the Executive order mentioned, has ruled as follows:

Inasmuch as the present is within the language of the Executive order a time of "actual war" it is clear that the personnel of the Public Health Service constitutes a part of the military forces of the United States.

The definition found in the act expressly declares that it shall not be deemed to exclude other units otherwise included within the term "military forces of the United States."

The personnel of the Public Health Service are therefore, "persons in the military * * * forces of the United States" within the meaning of section 213 (b) (8) of the revenue act of 1918.

Respectfully,

RUPERT BLUE,
Surgeon General.

Physical Examinations of Recruits for United States Merchant Marine.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington March 1, 1919.

Bureau Circular Letter No. 155.

To commissioned medical officers, acting assistant surgeons, United States Public Health Service, and others concerned:

Capt. William D. Southwick, supervisor of enrolling agents, United States Merchant Marine Recruiting Service of the United States Shipping Board, has requested that this service examine recruits who are to be trained on their training ships. You are, therefore, directed upon the written request of an agent of the United States Merchant Marine of the United States Shipping Board, to make a physical examination upon a blank which the said United States Merchant Marine Recruiting Service will furnish of any recruit applying to your office for this purpose, and send a report to the agent making said request.

Respectfully,

RUPERT BLUE,
Surgeon General.

Obituary Notice of Surg. Donald Herbert Currie.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 8, 1919.

Bureau Circular Letter No. 156.

To commissioned officers and others, United States Public Health Service:

It is with regret that the bureau has to announce the death of one of its trained officers, Surg. D. H. Currie, on December 23, 1918, from pneumonia following influenza.

Surg. Currie rendered excellent service to his Government in the several activities of the service. He was an industrious officer, and by his gentlemanly bearing made many friends. His efficiency was shown in the various activities in which he was detailed.

He was appointed an assistant surgeon January 28, 1889; passed assistant surgeon, July 28, 1904; and surgeon, December 1, 1912.

During his career as an officer he performed duty in nearly all the activities of the service at the following stations:

San Francisco marine hospital;

Plague laboratory, San Francisco;

San Francisco quarantine station;

In charge of the research laboratory at the leper colony, Boston quarantine station.

RUPERT BLUE,
Surgeon General.

Obituary Notice of Assistant Surg. Hugh David Ward.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 8, 1919.

Bureau Circular Letter No. 157.

To commissioned officers and others, United States Public Health Service:

It is with regret that the bureau has to announce the death of Assist. Surg. H. D. Ward, which occurred in Spartanburg, S. C., on February 18, 1919, from influenza. Assist. Surg. Ward was one of our most brilliant young officers and, although he had been in the service only since March 1, 1918, he had demonstrated his ability, and the service has suffered a distinct loss by his death.

Assist. Surg. Ward had been engaged in extra-cantonment sanitation and had rendered conspicuous service in this particular. He made many friends and accomplished results without friction, and gave promise of being one of our most valuable officers. It is indeed a sorrow to have one so capable have his career terminated by a disease which he was fighting to suppress.

RUPERT BLUE,
Surgeon General.

Relative to Requisitions for Supplies.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 11, 1919.

Bureau Circular Letter No. 158.

To Commissioned Medical Officers, Acting Assistant Surgeons, Pharmacists, United States Public Health Service, and others concerned:

You are informed that the following is a copy of section 3 of the act of Congress approved March 3, 1919, to provide care for discharged soldiers, sailors, marines, and others:

SEC. 3. The Secretary of War is hereby authorized and directed to transfer, without charge, to the Secretary of the Treasury for the use of the Public Health Service such hospital furniture and equipment, including hospital and medical supplies, motor trucks, and other motor-driven vehicles, in good condition, not required by the War Department, as may be required by the Public Health Service for its hospitals, and the President is authorized to direct the transfer to the Treasury Department of the use of such lands or parts of lands, buildings, fixtures, appliances, furnishings, or furniture under the control of any other department of the Government not required for the purposes of such department and suitable for the uses of the Public Health Service.

In accordance with the provisions contained in the above-quoted section, you are directed to make requisition hereafter in conformity with the lists of Army supplies, copies of which are inclosed herewith. Such requisitions must be made out on requisition blanks issued by the War Department, limited supplies of which are forwarded to you under separate cover. Six copies of each requisition should be prepared on these blanks as follows, viz: Two white, two yellow, and two blue. A copy made out on yellow form should be retained at your station and the other five copies sent direct to the Purveying Depot. Separate requisitions should be made for the following, viz: Post supplies, field supplies (of which it is not expected you will require), dental supplies, X-ray supplies, laboratory supplies, biological and salvarsan supplies, and special equipment. Requisitions should be made in anticipation of your needs for approximately six months. The sending of special requisitions should be avoided as much as possible, although the needs of your station must not be neglected in order to avoid making such requisitions. The fol-

lowing instructions should be observed in filling out requisition blanks:

I. After the words "Requisitioned by" write U. S. Public Health Service.

II. After the words "Ship to" write the usual address for shipments to be delivered to your station.

III. After the word "via" state whether by freight or express. Shipments should not be made by express unless warranted by the needs of your station.

IV. Do not fill in any other blank spaces appearing in heading of the requisition blanks. Other spaces will be filled in at the Purveying Depot.

V. In body of requisition, give, first, number of units required, second, the unit, and third, the name of the article. The name of articles and units should be given as mentioned in the inclosed lists.

VI. Do not sign requisitions, but forward them with letter of transmittal. Requisitions will be signed, dated, and numbered at the Purveying Depot.

Upon the receipt of supplies named on requisitions to be furnished by the Army, sign and forward a copy of invoice covering same to the Purveying Depot.

Supplies or equipment not mentioned on the inclosed lists, if considered necessary for use at your station, should be taken up on requisition blanks issued by the Public Health Service, as heretofore.

For your information, a copy of the Manual of the Medical Department of the Army, a list issued by that department as a guide for the equipment of a thousand-bed hospital, and lists of staple medical and surgical supplies prepared by the Council of National Defense giving a description of many of the articles on the supply table, are also forwarded under separate cover.

You will acknowledge the receipt of this letter.

Respectfully,

RUPERT BLUE,
Surgeon General.

**Relative to Admission to Service Relief Stations of Beneficiaries of the
Bureau of War Risk Insurance Provided in Public Act 326.**

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 20, 1919.

Bureau Circular Letter No. 159.

To commissioned medical officers, acting assistant surgeons, United States Public Health Service, and others concerned:

In accordance with public act 326, approved March 3, 1919, entitled "An act to authorize the Secretary of the Treasury to provide

hospital and sanatorium facilities for discharged sick and disabled soldiers, sailors, and marines," you are directed to admit to any relief station of the Public Health Service any discharged sick or disabled soldier, sailor, or marine, Army or Navy nurse (male and female), provided that the disability for which he seeks treatment is due to illness or injury incurred previous to discharge from the military forces.

When a reasonable doubt exists whether the disability or injury occurred before discharge, the applicant should be placed under treatment and a statement of the case submitted direct to the Chief Medical Advisor, Bureau of War Risk Insurance, for decision as to his eligibility.

The applicant must present evidence of illness or disability at the time of his separation from the service, either by official discharge or his hospital record. When this evidence can not be had immediately and the seriousness of the applicant's condition does not warrant delay, he may be admitted and his papers secured as early as possible. If the applicant has a certificate of discharge without statement of any disability, the officer in charge may consider whether the disability for which he claims treatment is due to a reactivation of a condition for which he had previously received treatment while in the military service, or if the present disability can be reasonably connected with a former injury or disease incurred in the military service.

All persons discharged from the military forces applying for medical relief under this act shall, when able, and unless they have previously done so, fill out Form No. 526. The medical officer shall fill out Form No. 504, both forms being forwarded promptly to the Chief Medical Advisor, Bureau of War Risk Insurance.

Application for a supply of Form No. 526 should be made to the Deputy Commissioner of Compensation, Bureau of War Risk Insurance.

Respectfully,

J. C. PERRY,
Acting Surgeon General.

Revision of Service Regulations.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 7, 1919.

Bureau Circular Letter No. 160.

To commissioned officers and pharmacists, United States Public Health Service:

A board of officers has been detailed for the purpose of revising the regulations of the United States Public Health Service. In order

that all officers may have the opportunity of presenting individual suggestions as to desirable changes in the regulations, this circular letter is sent out at this time and all officers are requested to forward their suggestions to the bureau not later than May 15, 1919. The revision to be considered by the board will include both the regulations approved March 4, 1913, and the Reserve Regulations approved November 13, 1918.

Respectfully,

RUPERT BLUE,
Surgeon General.

Re'lative to Purchase of Motor Vehicles' Accessories, Including Oil and Gasoline; Also Repair of Motor Vehicles.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 15, 1919.

Bureau Circular Letter No. 161.

To commissioned medical officers, acting assistant surgeons, pharmacists, United States Public Health Service, and others concerned:

You are advised that the sale by the Army of oils, gasoline, and accessories, supplies, and spare parts for motor vehicles of this service, also the repair of motor vehicles belonging to this service, has been arranged with the Chief of the Motor Transport Corps and the Director of Purchase, Storage and Traffic. The cost thereof will be charged to appropriations under the control of this bureau, and the Army will be reimbursed by the usual transfer of funds.

The accessories, supplies, and spare parts for motor vehicles, also repairs of motor vehicles, will be furnished by any district Motor Transport officer.

The oils and gasoline will be furnished by the zone supply officer at any camp or town where the Quartermaster Department has a depot.

You are requested to purchase the supplies mentioned from the agencies named when necessary and have all repairs to motor vehicles made by them.

Respectfully,

RUPERT BLUE,
Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 21, 1919.

Bureau Circular Letter No. 162.

To State and local health authorities and others concerned:

The continued occurrence of cases of anthrax due to infected shaving brushes leads this bureau to believe that the suggestion con-

tained in Bureau Circular Letter No. 136, dated July 31, 1918, recommending the sterilization of all brushes in trade channels is not being complied with. Attention is therefore again called to the fact that there are still undoubtedly in trade channels shaving brushes made from material contaminated with anthrax.

Any brushes found in the market which do not bear the name or trade-mark of the manufacturer should be regarded with suspicion and should be returned to the source from which they were secured or should be disinfected.

For the sterilization of brushes, the following procedure is believed to be effective:

The brush should be soaked for four hours in a 10 per cent solution of formalin (by formalin is meant a 40 per cent solution of formaldehyde). The solution should be kept at a temperature of 110° F. and the brush so agitated as to bring the solution into contact with all hair or bristles.

I shall be obliged to you for bringing this information to the attention of all those interested.

Respectfully,

RUPERT BLUE,
Surgeon General.

Administration of Arsphenamine and Neoarsphenamine.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 28, 1919.

Bureau Circular Letter No. 163.

Medical officers, United States Public Health Service, and others concerned:

In view of the variations of technique of the administration of arsphenamine and neo-arsphenamine at various service clinics, attention is invited to the following points, careful observation of which should reduce the number of reactions from the use of this drug.

The ampule, before opening, should be immersed in 95 per cent alcohol for 15 minutes, so as to detect any crack or aperture not primarily recognizable. (Should such a breach be discovered, the contents of the ampule should be discharged.)

APSPHENAMINE.

(1) *Solution*.—Cold, boiled, freshly distilled water should be used in all cases except in the case of "arsenobenzol" made by the Dermatological Research Laboratory, in which case hot water is re-

quired. No more solution should be prepared at one time than can be given in 30 minutes.

(2) *Neutralization and alkalization of the above solution.*—With a graduated pipette or burette add 0.9 c. c. of normal NaOH for each 0.1 gm. of the drug (i. e., 5.4 c. c. for each 0.6 gm.). The alkali should be added all at once and should quickly convert the acid salt solution of arspenamine into the alkaline salt solution, or the disodium of salt of the arspenamine base. The solution of arsenobenzol, which is hot, should be cooled before adding the alkali. This represents slightly more alkali than just enough to redissolve the precipitate formed by the addition of this reagent.

The alkali used should be standardized against normal acid. Normal NaOH is a 4 per cent solution of the c. p. product. However, if made on the basis of weight, it may be considerably less than this strength; hence the necessity for titration. It could be made up in amount sufficient for a month's use, if kept in a well-stoppered bottle and exposed to the air for only a few seconds at a time when using the solution. It should be kept in a bottle that has been used for NaOH solution for some time, so that all action it might cause on the glass has already occurred. Where it is impossible to have this made up at the station, it will be furnished upon request from the Hygienic Laboratory. Should the NaOH solution become cloudy or contain a precipitate, it should be discarded.

(3) *Concentration of the drug.*—It is desired to emphasize the fact that the concentration of the drug should not be greater than 0.1 gm. to 30 c. c. of final solution. The practice of using concentrated solution is not only in direct conflict with the instructions on the circular, but carries a distinct hazard to the patient.

(4) *Method of injection.*—The gravity method only should be used. Where several patients are to be injected from the same solution, the container for the solution should be graduated. If not already graduated, this can be done in a few minutes by sticking on a strip of adhesive plaster and making the graduations on this. A convenient way to do this is to have each mark represent 30 c. c. with a long mark for each 180 c. c.; then, if the volume is made up so that each 0.1 gm. of drug is contained in each 30 c. c., the doses can be given accurately. It is a great convenience to have a glass stopcock near the glass tubing which serves as a window just above the needle in order to control the rate of injection. If no stopcocks are at hand, the rate can be controlled by the size of the needle and the height of the column of fluid. A No. 18 or 20 B. & S. gauge is the best size needle.

(5) *Rate of injection.*—Operators should pay particular attention to the rate of administration and in no case exceed 0.1 gm. of

drug (30 c. c. of solution) in two minutes. This point is especially emphasized because it is believed that excessive rapidity of administration accounts for more unfavorable results in the use of arsphenamine than any other one thing.

NEO-ARSPHENAMINE.

The principal precautions to be observed in the administration of neo-arsphenamine are:

- (1) But a single ampule should be observed at a time. This drug must not be dissolved in bulk to be given to a series of patients.
- (2) Cold water only should be used.
- (3) The dilution should be not stronger than O. I. of the drug in 2 c. c. of freshly distilled water.
- (4) A very small needle should be used, and the time of injection of the dose should be not less than five minutes.

CAUTION.

Operators are advised that they will be held accountable for untoward results following the use of arsphenamine and neoarsphenamine in cases where there has been material deviation from the outline given above.

Acknowledgment of receipt of this letter is directed.

Respectfully,

RUPERT BLUE,
Surgeon General.

Instructions Concerning Signature of Officers in the Reserve.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, May 5, 1919.

Bureau Circular Letter No. 164.

To commissioned officers and pharmacists, United States Public Health Service:

Hereafter all official matter to be signed by reserve officers shall be prepared for signature with their grade designation or title and immediately followed by the word "Reserve" in parenthesis. All correspondence addressed to such officers shall have the word "Reserve" in parenthesis immediately following their grade designation or title.

Respectfully,

RUPERT BLUE,
Surgeon General.

Health Education Through Newspaper Articles.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 15, 1919.

Bureau Circular Letter No. 165.

Medical Officers, United States Public Health Service:

The value of suitable newspaper articles in the promotion of public health education can hardly be overestimated. For this reason the Public Health Service has for some years been mailing to newspapers timely articles dealing with the more important phases of the subject. It is believed a much wider use would be made of these articles by the newspapers if they were handed to the editor, managing editor, or city editor by the representatives of the Public Health Service in person. This is because so much propaganda is now being circulated through the mails that the editor has little or no time to consider the merits of this mass of material and usually consigns it all to the wastebasket.

Hereafter copies of all the items issued by the bureau's section of public health education will be sent to you, and you are directed to use your best efforts to secure their publication in the various newspapers published in your city. It is important that the articles be supplied impartially to all the newspapers. Please, therefore, advise the bureau how many copies will be required.

Visit the editors of the city in which you are located, and endeavor to arouse their interest and secure their cooperation in the efforts of the service to improve public health. It is hardly probable that any editor will withhold cooperation if he is thoroughly acquainted with the various health problems confronting the Nation. These you can make clear to him in a personal interview when you submit the articles already mentioned. Assure the editors of the cooperation of the Public Health Service that the service will be pleased to answer for the readers of their papers all questions relating to public health and preventive medicine.

RUPERT BLUE,
Surgeon General.

Cooperation with Red Cross Concerning Officials of the Service.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 30, 1919.

Bureau Circular Letter No. 166.

To commissioned medical officers, acting assistant surgeons, and others concerned:

There is inclosed herewith a circular issued by the American Red Cross, outlining their plan of organization for complying with the

request of the Surgeon General of the Public Health Service asking for their cooperation and assistance in certain activities pertaining to the comfort and welfare of the beneficiaries of the Public Health Service, with special reference to discharged soldiers and sailors who may be undergoing treatment in our hospitals.

You are directed to give careful consideration to this circular and its provisions, as well as to the copy of the letter of the Surgeon General of the Public Health Service which is attached; you are instructed to cooperate with the American Red Cross in the performance of this work and to offer their representatives all the facilities possible at your station to properly carry out the program outlined in so far as it is applicable to the hospital under your charge.

It must be realized that soldiers, sailors, and marines undergoing examination and treatment in our hospitals are but recently discharged from military hospitals where they have been the recipients of much kindness from a number of volunteer organizations. Activities of the kind anticipated are wholesome and necessary, and the lack of them is likely to breed discontent and dissatisfaction. For this reason, the Surgeon General is most desirous for the Red Cross to carry on in the hospitals of this service the work which has been so ably conducted in the military hospitals.

It is earnestly desired that every officer of the service give this important matter his earnest and sympathetic consideration and his cordial support.

Respectfully,

J. C. PERRY,
Acting Surgeon General.

Supplement to Bureau Circular Letter No. 75—Physical Examination for the Coast Guard.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, May 24, 1919.

Bureau Circular Letter No. 167.

To medical officers of the United States Public Health Service:

Complaints are frequently received by the bureau relative to the inadequacy of the physical examination given persons applying for enlistment in the Coast Guard Service. Officers should understand that such examinations should be made with great care and that their reports should be sufficiently adequate in order that the physician who reviews them may have sufficient information upon which to base judgment.

Unless these applicants are examined with sufficient care, it inevitably results later that their physical disability under the stress

of service work forces them to seek medical and hospital relief, greatly to the detriment of the service.

Attention is invited to the fact that in all cases a chemical examination of the urine should be made, and if necessary should be supplemented by a microscopical examination. This is a matter of too much importance to be neglected.

RUPERT BLUE,
Surgeon General.

Plan of Organization of Districts for Relief to Service Beneficiaries of All Classes.

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH SERVICE,
Washington, June 4, 1919.

Bureau Circular Letter No. 168.

To commissioned medical officers, acting assistant surgeons, United States Public Health Service, and others concerned:

It is directed that the several district offices established for the more efficient examination of service beneficiaries shall conform to the following general plan of organization:

1. The district supervisor directs and oversees all activities in his district apart from the conduct of the service hospitals located in the district. His duties are set forth in his general orders and in the several bureau and department circular letters which have been issued.

The district supervisor shall keep the following records of all patients examined or treated in his district:

1. Record of examination and disposition of patient (Card A).
2. Case record (Card B).
3. Record of discharge from hospital (Card C).
4. Card index of all correspondence from all stations in his district, from the Bureau of Public Health Service, and the Bureau of War Risk Insurance.
5. Folder for each patient containing all information concerning him, such as record of physical examination, clinical record while in hospital, consultant's record, etc.

Card A, "Report of examination and disposition of patient," should be given a serial number as soon as it is received in the district office. The case-record (Card B) should be numbered as soon as it is received with the corresponding number on Card A. The record of discharge from hospital (Card C) should also be given the serial number that has already been given to the same patient's Cards A and B. The duplicate of Cards A, B, and C, after being given a serial number, should be immediately forwarded to the bureau.

He shall make the following reports to the Bureau of the Public Health Service:

REPORTS OF ACTIVITIES IN DISTRICT.

1. *Weekly:*

- Number of cases examined in offices.
- Number of cases sent to hospital for examination.
- Number of cases sent to hospital for treatment.
- Number of office patients not previously reported.

2. *Monthly:*

- Medical officer's report of relief, Form 1922.
- Patients admitted to and discharged from hospital. Forms 8998 and 1958 (Columns marked "Dates of last continuous service," "Par. of Reg. under which admitted," "Extension," may be left blank in filling out these reports).
- Monthly schedule of encumbrances, Form 1955. Vouchers covering expenditures during month, Forms 1926 and 1949.
- Pay rolls for all officers and employees in his district.

3. *Annual:*

- Medical and surgical report of outpatients, Form 1923.
- Medical and surgical report of hospital patients, Form 1924.

II. The State supervisor oversees and advises the local examiners in his respective State. It is intended that this officer shall be an aide to the district supervisor and shall serve under his orders only. He shall not direct the activities of the local examiner except in so far as he may be ordered so to do by the district supervisor. He shall report to the district supervisor directly concerning all matters in his State.

III. The local examiner examines all service beneficiaries applying to him for treatment of their own volition, or by direction. The local examiner in each instance must satisfy himself as to the genuineness of the applicant's right to examination and treatment. If the applicant requires only out-patient relief and there is no service station nearby where he can receive such relief, the local examiner is authorized to furnish him treatment, giving him a prescription if necessary to a local druggist for such medicine as is required. Vouchers for prescriptions should be rendered at the end of each month on Form 1949, and should bear patient's name and prescription number. Copies of prescriptions with prices of each marked thereon should accompany such vouchers.

Where an applicant entitled to treatment requires hospital care, it should be furnished in accordance with paragraphs 7 to 10, inclusive, of Department Circular No. 140, dated May 1, 1919.

Where an applicant is examined in accordance with paragraph 6 of Department Circular No. 140, dated May 1, 1919, the report of physical examination shall be made in triplicate, the original should be mailed immediately, direct to the Chief Medical Adviser, Bureau of War Risk Insurance, Washington, D. C., the duplicate shall be

mailed immediately direct to the district supervisor, and the triplicate filed by the local examiner.

Card A, "Report of examination and disposition of patient," shall be filled out in triplicate, one copy should immediately be forwarded to the Chief Medical Adviser, War Risk Insurance Bureau, with the report of the physical examination, and the other two copies sent to the district supervisor.

Card B, "Case record," shall be made in duplicate for each applicant, these cards being retained by the local examiner until the final disposition of the case, when the original shall be forwarded to the district supervisor and the duplicate filed.

Card C, "Record of discharge from hospital," should be filled out in triplicate as soon as the patient receives hospital treatment; one copy should be forwarded direct to the Chief Medical Adviser, Bureau of War Risk Insurance, and the other two copies to the district supervisor.

Card D, "Hospital admission card," should be filled out in duplicate whenever a patient is referred to a hospital either for examination or for examination and treatment. The original should be given to the patient for presentation to the hospital and the duplicate filed.

Each patient should be given a permit number beginning with the unit on July 1 of each year. There should be a series of numbers for hospital patients and another series for office patients.

Vouchers for hospital treatment at other than relief stations should be rendered on Form 1926 at the end of each month and forwarded to the district supervisor. Separate vouchers should be provided for patients sent to hospital for examination only. All vouchers shall be initialed by local examiner and certified by district supervisor. Officers in charge of relief stations should render vouchers direct to the Bureau of Public Health Service as heretofore.

When a case is discharged from the hospital the local examiner originally ordering the admission shall direct the hospital to furnish a complete record of such case during his stay in the hospital, which shall be forwarded to the district supervisor.

Officers in charge of relief stations shall follow the instructions given above for local examiners except that no reports need be made to district supervisors of patients other than beneficiaries of the War Risk Insurance Bureau; neither shall Cards A and B be used for other than these same beneficiaries. Relief certificates and hospital permits, Forms 1916 and 1917, should be forwarded to the bureau as heretofore.

No reports shall be made to the Chief Medical Adviser, Bureau of War Risk Insurance, except in the case of discharged soldiers, sailors, marines, Army and Navy nurses, male and female.

Letters requesting information regarding treatment and hospitalization of beneficiaries of the service, including war-risk insurance cases, should be directed to the Surgeon General, United States Public Health Service.

Respectfully,

RUPERT BLUE,
Surgeon General.

Relative to Purchase of Motor Vehicles' Accessories, Including Oil and Gasoline, Also Repair of Motor Vehicles.

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH SERVICE,
Washington, June 6, 1919.

Bureau Circular Letter No. 169.

To commissioned medical officers, acting assistant surgeons, pharmacists, United States Public Health Service, and others concerned:

Amending Bureau Circular Letter No. 161, dated April 15, 1919, you are advised:

1. That requisitions made by officers of the service for accessories, spare parts, and repairs for motor vehicles will be honored by any local Motor Transport Corps repair shop, supply depot, or Motor Transport Corps officer, the cost of such supplies or repairs to be reimbursed the War Department by transfer of funds.

2. That oils and gasoline required for motor vehicles furnished the stations of the service can not be retailed by zone supply officers or supply depots of the Quartermaster Department, but that requisitions for such supplies, sent through the bureau, will be honored by the Quartermaster Department to be furnished in bulk, the cost thereof to be reimbursed by the transfer of funds.

3. You are instructed to ascertain whether there would be any considerable saving in purchasing oils and gasoline through local dealers. If there is a considerable saving in purchasing through said department, steps should be taken to have proper tanks installed at your station for the storage of said supplies. Proposals for same should be taken by poster and circular letter advertisement, and forwarded to the bureau with your definite recommendation.

Respectfully,

RUPERT BLUE,
Surgeon General.

Lettering of Official Motor Vehicles and Use for Official Business Only.

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH SERVICE,
Washington, June 6, 1919.

Bureau Circular Letter No. 170.

*To Commissioned Medical Officers, Acting Assistant Surgeons,
United States Public Health Service, and others concerned:*

Whenever a motor vehicle is transferred from the Army to the Public Health Service the words "United States Army," the Army serial number, and other lettering shall be painted out, and there should be substituted therefor the words "U. S. Public Health Service—For official business only." On the passenger cars there words should be placed on a door on each side. The letters should not be over one inch in height.

Passenger cars shall not be employed for personal use, and at camps and other places whenever it is necessary to transport persons other than patients or employees of the Government, a special request shall be made in writing to the medical officer in charge for each trip. Such requests after being approved by the medical officer in charge shall be placed on file at the station. Medical officers in charge of stations are responsible for the use of these passenger cars and, except where they feel such use is of an emergency nature and great inconvenience and discomfort would be caused by refusing the use thereof, they shall not permit them to be used for other than official purposes.

A detailed description of each motor vehicle in the custody of service officers should be immediately made to the bureau, whereupon a serial number will be assigned to each such vehicle, and that number should be placed upon the vehicle in a suitable place. Thereafter, all reference to motor vehicles, in addition to the usual description, should be made by the serial number to be given, of which officers will be immediately advised.

Many of the States, Territories, and municipalities provide for registration of motor vehicles and impose a special tax through fees for permits, or licenses, or for identification tags. Officers are instructed as follows upon this subject:

A. It is not necessary to procure such license to cover the use of motor vehicles owned by the Government or operated exclusively by officers or employees of the governmental service for official purposes only, and public funds should not be expended for any such license or identification tags. Licenses, identification tags, or plates, furnished without charge, in noway involving an expenditure, should be accepted and placed in use.

B. Should there be any interference by local authorities with respect to registration, special tax, or official operation of a service motor vehicle, the service officer should give full information as to the ownership and use of the vehicle, and instructions under which operated, and should courteously request that there be no further interference. Should the request be denied, full report should be immediately made to the bureau for such legal action as may be deemed necessary.

C. Motor vehicles privately owned by service officers come strictly within the local laws and regulations and the use thereon of marks indicating that they are for governmental use, such as "U. S. P. H. S.," is prohibited.

Respectfully,

RUPERT BLUE,
Surgeon General.

Instructions Concerning Discipline to be Maintained at All Service Hospitals.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 10, 1920.

Bureau Circular Letter No. 171.

To commissioned medical officers, acting assistant surgeons, and others concerned:

In view of the fact that such a large proportion of the beneficiaries of the service is made up of war-risk insurance patients and that these men have very recently been discharged from the military forces, it has become necessary to direct that certain changes be made in the conduct of the hospitals of the service. Practically all these patients have shown a very strong desire to get away from everything military and it is believed that in order for the service to prove of most benefit to them that this desire must be gratified, in part, at any rate.

It is not necessary to institute military form and custom in order to maintain discipline, nor is it desirable. It is absolutely essential for the proper conduct of a station that discipline be maintained at all times, but it is not necessary that military regulations be adopted or enforced in order to maintain it.

All hospitals of the service should conform to the civilian type rather than the military and all patients should be made to feel that they are not under hard and fast rules. During the time that an officer is present in the wards, whether for the purpose of making his usual rounds or whether for inspection, quiet and order should be maintained but patients should not be required to stand at attention or to salute. The bureau realizes, of course, that the officer in charge

of a station must have the power of instituting various disciplinary measures in order that the station may be properly conducted, but these measures should be decided in each individual case. In some cases it may be necessary to adopt stringent measures, but it is believed that in the majority of instances these men can be reasoned with, and that minor forms of punishment, such as remaining in bed after having their clothes taken from them, etc., will often give the desired result. Occasionally dismissal may become necessary, and when it is resorted to the patient should be informed that he will again be admitted to the hospital at any time he is in need of hospital treatment, provided he is willing to conduct himself in accordance with the rules of the hospital. In case of dismissal for disciplinary reasons, a report should be sent to the bureau giving his hospital number, name, age, the time he was admitted to the hospital, date of discharge, and the reasons for his dismissal, and if he was informed that he could be readmitted if he would conform to the hospital regulations.

Ambulant patients may be allowed to visit friends and relatives in the near-by towns or the towns themselves, but shall return to the station at a reasonable time. A patient should not be allowed to leave the reservation, however, without permission of the officer in charge of the ward, and a pass signed by this officer should be required for every absence.

Visitors should be allowed to enter the wards only on Tuesdays and Thursdays, as at present. In certain cases they should be allowed to come in on other days, but only for a very definite reason and when permission for the visit is obtained from a medical officer on duty. Ambulant cases should be allowed to receive visitors in the reception rooms at any time during the day. It is believed that if visitors are allowed to see the patients more often that the practice of their leaving the reservation will in large part cease.

Since the policy of employing female nurses has been universally adopted in the service conditions have changed materially. These women are specially trained and are selected with considerable care, and the regulations relating to attendants should not be applied to them in the matter of muster, etc. The chief nurse, who is carefully chosen, should be entirely responsible for the nurses, all of whom should be directly under her supervision. She alone should direct them in all matters relating to discipline and conduct, and whenever any officer has any complaint concerning a nurse it should be made to her. There is no intention, of course, of relieving a nurse from her responsibility to the officer in charge of a case for carrying out all his orders concerning treatment, etc., but all other matters should be conducted by the chief nurse. The chief nurse is re-

sponsible directly to the medical officer in charge for the conduct and efficiency of the nurses under her charge.

Nurses should make all their requests, complaints, etc., to the chief nurse, and the medical officer in charge should always consult her in such matters.

The matter of social intercourse between officers and nurses is a very delicate one, calling for considerable tact on the part of both. It is natural when men and women are thrown together so constantly that friendships should develop, and there is no reason for discouraging them, but everyone should be exceedingly careful that there is no reason for criticism or comment by anyone on the station or in the community. The medical officer in charge should be especially careful in this regard.

One of the most important matters connected with the management of a station is that of inspections. Reference is not made to the formal inspection required by the regulations, but to the probably more important informal, unannounced inspection made at frequent intervals and at any time during the 24 hours. It is absolutely essential for the proper conduct of a station that the officer in charge shall be thoroughly familiar with everything that occurs in connection therewith. Of course, it is not expected that he shall look after the details, for they must obviously be left for his various assistants. He should, however, go into the wards frequently and see that the duties are being properly performed and that everything is clean and orderly. This should not be left to others but should instead be regarded as one of the most important duties of the officer in charge. These inspections should be informal and always unannounced.

The medical officer in charge should at all times be ready to receive any person on his reservation, whether officer, nurse, attendant, patient, or laborer, in order that they may have an opportunity to express their complaints, etc. If subordinates feel that they can at any time see a superior and that they will be courteously and sympathetically received a great many of the difficulties and much of the dissatisfaction will immediately be forgotten.

A hospital is fundamentally and primarily a place for the treatment of the sick, but in the majority of instances it is more, and for the time being a home. Every effort should therefore be made in order to make the place attractive, homelike, and efficient. Patients should be made to feel that no effort will be spared to make them comfortable and content and that all other interests are subservient to this end. When physicians, nurses, and attendants are thoroughly imbued with the idea of doing everything possible for the welfare of their patients all other matters become far easier and more pleasant.

It is the intention of the bureau that the hospitals of the service shall be conducted on the highest plane possible and no effort will be spared to make them the equal of any institution, either civil or military.

It should be understood that nothing in this letter is intended to apply to any one class of beneficiaries rather than another, as all patients, whether merchant seamen, civil employees of the United States, Coast Guard, or War Risk Insurance, should receive the same consideration.

Respectfully,

RUPERT BLUE,
Surgeon General.

Nomination and Appointment of Nurses.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 19, 1919.

Bureau Circular Letter No. 172.

Medical officers in charge of hospitals of the United States Public Health Service and others concerned:

The medical officers in charge of the hospitals of the service are advised that the service has established in the bureau a section devoted to the organization of a nursing corps for this service, in charge of a superintendent of nurses. The nurses of this service are secured through the headquarters of the American Red Cross in Washington.

As a general policy the bureau expects, first, that all nurses of whatever grade will be appointed by the Surgeon General upon the recommendation of the superintendent of nurses; second, that chief nurses will be assigned by the Surgeon General upon the recommendation of the superintendent of nurses. Unless there are very urgent reasons to the contrary this general policy will not be deviated from, and medical officers should never assume the authority to do so unless they have specific instructions in each individual case.

Should circumstances arise where it may become necessary to appoint a chief nurse or nurses not in conformity with this general policy such assignments or appointments will always be purely of a temporary nature. Conformity with these instructions is necessary to avoid inevitable confusion, and medical officers are expected in future to observe these instructions under all circumstances.

RUPERT BLUE,
Surgeon General.

Dietitian's Service.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 17, 1919.

Bureau Circular Letter No. 173.

Medical officer in charge United States Marine and Public Health Service hospitals:

The appointment of dietitians to the hospitals of this bureau makes it necessary to formulate a general statement defining the dietitian's place and duties. While it is realized that such a general outline will require some modification by medical officers, it is intended that the principles involved shall not be radically modified without authority.

The value of the dietitian to the hospital is largely determined by the degree to which cooperative relations are established. Conferences at regular intervals, in which the medical officer in charge meets with the head dietitian, chief nurse, and mess supply officer, or other coordinating officials, are recommended.

1. *Relation of dietitian to hospital staff.*—The dietitian is responsible, so far as her professional work is concerned, to the officer in charge of the hospital. She is expected to work in coordination with such other officials, including the chief nurse, as may be designated by the officer in charge. The efficiency of the dietitian's services will be determined from reports of ward surgeons who are directly responsible for the prescribing of diets. The chief nurse will also render a monthly statement of the efficiency of the service of foods. The dietitian has social status equal to that of the chief nurse, but subject at all times to such regulations and restrictions as may be in force governing all nurses in the service of the hospital.

2. *Status.*—The dietitian is civil scientific employe of the bureau, and is not to be placed on the same basis with cooks and maids. To do so is an injustice to her and a disadvantage to the hospital. When two or more dietitians are employed at a station, one shall be designated as head dietitian, and upon recommendation may be granted \$5 per month additional pay.

3. *Duties.*—(a) Of the head dietitian: Reports to the chief nurse or ward surgeon deficiencies of service found in wards in order that these may be corrected through proper channels. Reports deficiencies of preparation and service found in the mess hall and kitchen to the medical officer in charge, or such other official as may be designated by him. Inspects serving of food in all wards and is responsible for its preparation and service. Has general charge of all diet kitchens and assigns the work of her assistants. Is responsible for the planning of all patients' menus, but confers with mess or

purchasing officer concerning market conditions before approving menus.

(b) Of the dietitians: Have immediate supervision of the preparation of food in the general patients' mess, sick officers' mess, and nurses' mess (if desired by the medical officer in charge). They also have charge of the filling of the food carriers. Have immediate supervision of general and ward diet kitchens. Plan menus for approval of head dietitian or in conference with mess or purchasing officer in the absence of a head dietitian. Have direct responsibility for the preparation of diets, and should be provided with sufficient help to relieve them of the details of this work. Visit wards to confer with ward surgeons, nurses, and when necessity demands with patients regarding special diets.

4. *Equipment.*—The head dietitian should have an office provided with a desk and such other equipment as may be deemed necessary, the office to be located in close proximity to the mess department or diet kitchen.

RUPERT BLUE,
Surgeon General.

Expenditures—Relief of Patients of War Risk Insurance Bureau; How and When Incurred; How Payable.

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH SERVICE,
Washington, June 18, 1919.

Bureau Circular Letter No. 174.

Medical officers in charge, United States Marine and Public Health Service Hospitals.

1. In order that there may be no misunderstanding regarding the service to which expenditures are chargeable in the matter of furnishing relief to beneficiaries under the War Risk Insurance Bureau, as directed in the act of March 3, 1919, entitled "An act to authorize the Secretary of the Treasury to provide hospital and sanatorium facilities for discharged sick and disabled soldiers, sailors, and marines," the following information is furnished.

2. The expenditures chargeable to appropriations under the control of the Bureau of War Risk Insurance:

(a) Travel to place of examination and return to home. (Par. 11, Treasury Department Circular No. 140, May 1, 1919.)

(b) Travel from hospital to home if incidental to treatment or after recovery.

(c) Hospital expenses while being examined. (Par. 11, Treasury Department Circular 140.)

(d) Wages lost while examination is being made. (Par. 11, Treasury Department Circular 140.)

(e) Expense of treatment at hospitals or contract stations of the Public Health Service establishment before March 3, 1919. (Par. 14, Treasury Department Circular 140.)

(f) Expenses for artificial limbs and prosthetic apparatus generally. (Par. 15, Treasury Department Circular 140.)

(g) Any expense of examination by a physician not an officer of the Public Health Service.

(h) Expense of home treatment. (Par. 10, Treasury Department Circular 140.)

(i) Expense for special preparation and transportation of dead body for purpose of interment at former home. (Sec. 2, par. 14, Public Health Service Unnumbered Circular Letter May 9, 1919, entitled "Instructions to officers.")

(j) All expenditures incurred for relief of War Risk Insurance Bureau beneficiaries prior to March 3, 1919.

3. Expenditures chargeable to appropriations under the control of the Public Health Service:

(a) Medical examination by officers of the Public Health Service. (Par. 6, Treasury Department Circular 140.)

(b) Ward treatment in hospital when ordered by Public Health Service officer. Convalescent care may be provided under similar conditions. (Pars. 8 and 9, Treasury Department Circular 140.)

(c) Out-patient and hospital care and travel from one hospital to another after patient begins receiving treatment by Public Health Service, exclusive of treatment at marine hospitals or contract stations established before March 3, 1919. (Pars. 12 and 14, Treasury Department Circular 140.)

(d) Expenses of burial, when dying in hospital, not exceeding \$100. (Sec. 11, act of Mar. 3, 1919, and first section of par. 14, Bureau of Public Health Service Unnumbered Circular Letter May 9, 1919.)

RUPERT BLUE,
Surgeon General.

Distribution of Circulars and Printed Matter to Field Stations Furnishing Relief Under the Direction of the Division of Marine Hospitals and Relief Through Division Officer.

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH SERVICE,
Washington, June 24, 1919.

Bureau Circular Letter No. 175.

To officers in charge of divisions, medical officers in charge, and others concerned:

The following is a list of all circulars and printed matter bearing on the subject of relief to be furnished to beneficiaries of the War

Risk Insurance Bureau, and other beneficiaries of the service, and all officers are hereby notified that in the future similar matter will be distributed through the supervisors of each district.

Supervising officers are requested to immediately send in letter request for a supply of such material as is necessary in their districts and the same will be forwarded with as great expedition as practicable.

District officers should make timely letter requests from time to time in order that they may receive from the bureau ample supply of the circulars and printed matter to furnish to officers in their respective districts, as the same will not hereafter be furnished direct by the bureau, except under extraordinary conditions.

1. Department circular No. 140, May 1, 1919, with six inclosures, viz: War risk insurance act; war risk circular relative to dental work; war risk scheme of report of physical examination; war risk application form (No. 526); Public Health Circular Letter No. 159, March 20, 1919; memorandum regarding transportation requests.

2. Act of March 3, 1919.

3. Public Health Service circular letter of May 6, 1919, "Instructions to examiners."

4. Public Health Service circular letter of May 9, 1919, "Instructions to officers."

5. Nomenclature of diseases and conditions.

6. Public Health Service circular letter of April 17, 1919, "Compensation of consultants."

7. Public Health Service Circular Letter No. 166, April 30, 1919, "Cooperation with Red Cross concerning officials of the service," with one inclosure, viz: Red Cross circular letter of April 11, 1919; "Red Cross Service in United States Public Health Service Hospitals."

8. Public Health Service Circular Letter No. 34, April 11, 1914, "Information and instructions respecting purchases, contracts, proposals, and vouchers."

9. Complete list of relief stations and officers in charge.

10. List of districts and officers in charge—Unnumbered circular letter May 9, 1919, Division Marine Hospitals and Relief.

11. Maps showing location of districts.

12. Further instructions to examiners—Bureau unnumbered circular letter May 26, 1919.

13. Supplement to Bureau Circular Letter No. 75 (May 24, 1919), Physical examination for Coast Guard.

14. Plan of organization of districts—Bureau Circular Letter No. 168, June 4, 1919.

15. Circular Letter No. 174, June 18, 1919, "Expenditures."

16. Bureau Circular Letter No. 169, June 6, 1919, Relative to purchase of motor vehicle accessories.

17. Bureau Circular Letter No. 170, June 6, 1919, Lettering of official motor vehicles.

18. Circular Letter No. 171, June 10, 1919, Instructions concerning discipline.

RUPERT BLUE,
Surgeon General.

Additional Compensation at the Rate of \$240 Per Annum.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 24, 1919.

Bureau Circular Letter No. 176.

Medical officers in charge, and others concerned:

Section 7 of the legislative, executive, and judicial act, approved March 1, 1919, provides that during the fiscal year 1920 all civilian employees of the United States Government receiving an annual compensation not in excess of \$2,500 shall receive additional compensation at the rate of \$240 per annum.

Provided, first. That employees receiving an annual compensation at a rate greater than \$2,500 shall receive additional compensation at such a rate as to make the total compensation not more than \$2,740.

Second. That employees receiving less than \$400 per annum shall receive an increase at the rate of 60 per cent of the monthly compensation.

Third. That where an employee has received during the fiscal year 1919 or shall receive during the fiscal year 1920 an increase in excess of \$200 per annum, or where an employee has entered the service since June 30, 1918, no increase shall be paid until a certificate has been made as to the ability and qualifications of the employee such as would justify the increased compensation. This certificate will be made by the medical officer in charge subject to the approval of the head of the department.

Fourth. Employees whose services are utilized for brief periods or whose employment is of an intermittent nature, will not be entitled to the increase of compensation.

Fifth. Persons whose duties require only a portion of their time, but who hold themselves in readiness to work whenever called on, will be entitled to the increase.

Sixth. Persons employed under cooperative arrangements, and who receive a part of their pay from outside sources, will not be

entitled to the increase of compensation. This applies particularly to collaborating epidemiologists who are connected with State boards of health.

Seventh. As some time must elapse before an intelligent estimate can be made of the ability and qualifications of an employee, the letter recommending the increase should not be written until the expiration of two weeks after entrance on duty. Those employees who are separated from the service within that time will receive no increase. All letters must be written promptly at the expiration of two weeks' service and must give the date upon which the increase becomes effective, which will be the date of appointment. Recommendations for increases submitted at a later date will be made effective from date of letter.

Eighth. All recommendations for appointment must be made at basic rate of pay. The increase is considered separately and is paid from a different appropriation.

Ninth. No additional recommendations are necessary for those employees now receiving the additional compensation under the act of July 3, 1918.

This circular supersedes bureau circular letter No. 134, dated July 19, 1918, as to rate of increase.

Pay-roll Forms Nos. 1948, 1952b, and 1952c will be used in the same manner as during the fiscal year 1919.

RUPERT BLUE,
Surgeon General.

Base Pay for Appointees, Public Health Service Hospitals.

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH SERVICE,
Washington, July 5, 1919.

Bureau Circular Letter No. 177.

To medical officers and others concerned, United States Public Health Service:

1. The base pay for persons nominated for employment by the Public Health Service in its hospitals shall be the prevailing rate for similar services in the locality, less \$20 monthly.

2. The reason for this decision is that new appointees deemed to be paid the additional compensation of \$20 monthly provided by Congress, commonly called the "bonus," and in order that they may not receive a premium of \$20 over the prevailing wage scale, it is necessary that the base pay be reduced accordingly.

3. Due consideration must be given to the furnishing of subsistence and lodging in deciding upon the proper salary for any given class

of work. Many recent nominations have been made at excessive salaries, and the purpose of this circular is to make it clear that the bureau will not consider such nominations. Where the salary appears high, a detailed explanation must accompany the nomination.

4. Owing to the increased work now imposed upon the service, it is earnestly requested that the terms of this circular be strictly observed, as the returning of nominations for adjustment adds largely to the work.

5. Following is a list of average monthly base salaries, including lodging and subsistence, it being understood that there may be some variation therefrom in different localities, owing to local conditions:

Attendants_____	\$35	Orderlies _____	\$40
Waiters and waitresses_____	30	Cooks_____	60
Executive clerks _____	130	Maids_____	20
Laundresses_____	25	Telephone operators_____	30
Watchmen _____	40	Elevator conductors _____	35
Chauffeurs_____	50	Stenographers and typists_____	65
Nurses_____	60	Chief nurses _____	80
Dietitians_____	80	Clinical clerks _____	80

RUPERT BLUE,
Surgeon General.

Record of Personnel for Bureau.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 12, 1919.

Bureau Circular Letter No. 178.

To medical officers in charge of Public Health Service stations:

Attention is invited to the fact that many reserve officers, acting assistant surgeons, and other personnel have been lately ordered to duty at stations of the service. In so far as practicable the record of all this personnel has been carefully considered by the bureau, but it is possible that in some cases their services will not measure up to their records. You are therefore directed to consider the qualifications of all such personnel, with a view to advising the bureau as to their qualifications, especially as to whether or not in your opinion their services are satisfactory and as to whether they would be better fitted for duty at some other station in the same or in a different capacity.

Respectfully,

RUPERT BLUE,
Surgeon General.

Examination of Cases for Federal Board for Vocational Education.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 28, 1919.

Bureau Circular Letter No. 179.

To medical officers of the United States Public Health Service:

1. Under the provisions of the war-risk insurance act, discharged soldiers, sailors, marines, and nurses are not entitled to the benefits of that act unless discharged subsequent to October 6, 1917. Under the provisions of the legislation governing the Federal Board for Vocational Education, however, this is not the case, and persons discharged previous to that date are still entitled to the benefits of that board. Under these circumstances medical officers are requested to make for the Federal Board for Vocational Education the necessary physical examinations in such cases, when properly requested by officers of the Federal board.

2. Local officers of the Federal Board for Vocational Education occasionally request examinations on special forms of their service, which forms are sometimes highly elaborate. The Public Health Service is informed by the Federal Board for Vocational Education that requests of this character are not necessary, and the usual examination made by officers of this service in the case of war-risk insurance beneficiaries is sufficient for the needs of the Federal Board for Vocational Education. These special forms may, therefore, be disregarded.

RUPERT BLUE,
Surgeon General.

**Relative to Handling of Food, Dishes, or Other Articles by Patients
Suffering From Communicable Diseases.**

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 11, 1919.

Bureau Circular Letter No. 180.

To commissioned medical officers, acting assistant surgeons, United States Public Health Service, and others concerned:

You are advised that convalescent patients, or persons suffering from communicable diseases, should not be permitted to handle food, dishes, or other articles used by other patients. Your attention is invited to a copy of a similar letter sent to all marine hospitals, dated February 25, 1919, regarding the management of patients suffering from venereal diseases. These instructions should be followed in other hospitals of the service.

Respectfully,

RUPERT BLUE,
Surgeon General.

War-Risk Patients Treated in District Where They Reside—Exception as to
Mental and Neuropsychiatric Cases.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 23, 1919.

Bureau Circular Letter No. 181.

*To the medical officers of the United States Public Health Service
and others concerned:*

1. It is hereby directed that hereafter no war-risk patients shall be sent for treatment to hospitals outside of the district where they reside, except when the approval of the Surgeon General of the Public Health Service or of the Chief Medical Adviser of the Bureau of War Risk Insurance has been previously obtained.

2. Mental and neuropsychiatric cases are excepted from this rule.

RUPERT BLUE,
Surgeon General.

Care of Nervous and Mental Cases Beneficiaries of United States Public
Health Service.

TREASURY DEPARTMENT.
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 30, 1919.

Bureau Circular Letter No. 182.

*To district supervising officers, United States Public Health Service,
and others concerned:*

The following general instructions will serve as a guide to the procedures to be followed in caring for mentally disabled claimants of the War Risk Insurance Bureau, and other beneficiaries of the Public Health Service. These instructions are supplementary to the procedures outlined in Bureau Circular Letters 140 and 168 and other directions, and the latter should be followed as heretofore.

A. HOSPITAL CARE.

1. Special Hospitals, United States Public Health Service.

(a) U. S. P. H. S. Hospital, Dansville, N. Y., exclusively for insane patients. Furthermore, it is primarily intended for but two classes of insane patients: Firstly, those who have no legal settlement or residence in any State; secondly, those whose legal residence is in a State that does not provide proper care and treatment for its insane patients.

(b) U. S. P. H. S. Hospital, East Norfolk, Mass., intended exclusively for epileptic patients.

(c) U. S. P. H. S. Hospital, Waukesha, Wis., reserved exclusively for psychoneurotic patients, who will be generally referred for treatment without legal commitment such as is necessary for the insane.

District officers and their representatives will note that a careful diagnosis is of the greatest importance in the proper distribution of patients to these three special hospitals. Each hospital should be informed in advance that a patient is being referred.

2. State Hospitals for the Insane.

(a) It is the intention of the Bureau of Public Health Service and the Bureau of War Risk Insurance to utilize as far as possible the existing hospital and out-patient facilities of the public institutions for the insane that reach a sufficiently high level of excellence.

A provisional list of the several States with the disposition of insane beneficiaries (claimants on the War Risk Insurance Bureau) residents of these States, is exhibited in Appendix A.

(b) A list of State institutions in your district, together with their location and the name of the superintendent or managing officer, will be found in Appendix B.

(c) A copy of the State laws governing the commitment of the insane will be found for each State in your district in Appendix C.

(d) The district supervisors or their representatives, as opportunity offers, should visit the several State institutions within their district, and render reports of their observations to the Public Health Service and to the chief medical adviser of the War Risk Insurance Bureau. There is suggested herewith a few specific points for investigation at State hospitals.

(1) Hospital accommodations.

Provisions for day and night space for patients; separation of tubercular patients; facilities for care of infirm and sick patients; accommodations for convalescent patients; management of custodial cases; management of untidy, noisy, or destructive patients.

Also note heating and lighting of hospital, sewage disposal, fire protections and hazards, and other noteworthy details.

(2) Mental clinics: Periodic staff meetings to discuss cases in hospital. Methods and thoroughness of treatment of ordinary insane cases. Size of staff relative to number of patients, and classification of attendants and nurses, and whether or not there is a training school. General attitude of staff. Interest in work of institution, etc. Whether or not an "out-patient" clinic is maintained to follow up discharged cases, which branch might merge into the

(3) Social service branch of the hospital's equipment: It is most desirable in any well rounded out scheme of mental treatment that the discharged patient should be followed to his home. The suit-

ability of the home environment for a recently discharged mental case should be carefully investigated. If found unsuitable for the patient's best interests, steps should be taken to select a more suitable environment by the social service branch. The War Risk Insurance Bureau and the Bureau of Public Health Service should be kept informed of what measures are advised by the social service branch, so that suitable action can be taken to follow this advice.

(4) Of equal importance to the community and to the patient is an adequate scheme of vocational therapy. Not only may the burden of insane wards be, in a considerable measure, removed from the community, but the patients themselves may be greatly benefited.

(5) With this in mind, a comparison should be observed by the district officer between agricultural State hospitals and those making little or no attempt along this line.

(6) As a well-balanced diet is of considerable significance in the treatment of the insane, the district officer should make careful inquiry into this department. Needless to say, the most obvious indication of improper diet is manifest in the symptom complex of pellagra. But less evident results of improper diet are of equal or greater significance as an index to the rational treatment of mental cases.

(7) Where possible, copies of forms of clinical records, statistics, etc., should be forwarded to the Bureau of Public Health Service and the War Risk Insurance Bureau.

(8) Laboratory, nursing, and other departments should be carefully observed.

3. General hospitals with psychopathic wards or with facilities for such.

(a) When communicating with or inspecting general hospitals, the bureau specially desires that the district officers or their representatives keep in mind adaptability of such institutions to the care of nervous or mental cases. There are a number of reasons in mind in making this point. Firstly, there is the immediate problem of the temporary disposition of nervous or mental cases requiring care over the period of diagnosis or observation or who are awaiting classification and final distribution to special P. H. S. hospitals, State institutions, or authorized hospitals. Secondly, the bureau is an exponent of the policy that all general hospitals should have a potential psychopathic ward as a part of the ordinary equipment of the hospital. Therefore, it is desired to make avail of this opportunity for gathering information as to the attitude with which most general hospitals regard this proposition.

(b) A later communication will give in detail a number of reasons why general hospitals should care for mentally disabled civilians as well as for men discharged from the service.

(c) A list of the general civil hospitals in your district that have signified a willingness to accept either general nervous, insane, or epileptic cases will be found in Appendix D. It is important that you confer with the managing officer or superintendent of these hospitals at your earliest convenience, and ascertain the facilities that are provided for such cases.

(d) It should be understood that at the present time the bureau does not contemplate more than a temporary residence of any of its neuropsychiatric beneficiaries at any general hospital. Therefore cases will be sent to these hospitals only while undergoing diagnosis, or for temporary observation, or while awaiting transference to the institution where they are to receive systematic or prolonged treatment.

4. Private sanitariums, etc.

The bureau does not desire at the present time to establish a policy of sending neuropsychiatric beneficiaries to private sanitariums for systematic or prolonged treatment; therefore, cases will be sent to such institutions for treatment only in exceptional instances, and only upon specific authorization by the bureau.

5. Jails, prisons, almshouse, etc.

Under no circumstances should a neuropsychiatric claimant of the War Risk Insurance Bureau be confined by a representative of the Public Health Service or the War Risk Insurance Bureau, in a jail, prison, or county almshouse, pending commitment to hospital. Bills for such care will not be honored by either the War Risk Insurance Bureau or the Public Health Service. Immediately upon gaining knowledge that a claimant is so confined, steps should be taken to release the claimant, who should be sent to a proper institution for his observation or care (e. g. general hospital with psychiatric pavilion, nearest State hospital, Public Health Service hospital with psychiatric pavilion). The ordinary county poor farm is not properly equipped for the treatment of mental cases and is manifestly an unsuitable place for the care of such cases. (See par. 6, p. 4.)

B. INSANE PATIENTS.

1. Commitment.

In general, in any emergency, an insane patient should be committed to the State hospital nearest his home.

(a) To State hospitals. The directions governing the admittance of claimants to State hospitals as set forth in Appendix E must be closely observed and followed by district officers or their representatives.

(b) To Dansville. Cases sent to U. S. P. H. S. Hospital, Dansville, N. Y., must be committed under the Statutes of the State of New York governing the admission of such cases. The medical

officer in charge of this hospital will arrange for commitment upon the arrival of the patient.

2. Cost of commitment of the compensable insane to State hospitals is a proper charge against the War Risk Insurance Bureau and when such a procedure is followed a properly itemized bill should be submitted for payment.

3. The expenses for the care and treatment of such cases within State institutions is a proper charge against the War Risk Insurance Bureau and arrangements have been made with the State hospitals to submit bills for such expense. The chief legal advisor should be notified in writing of the disposition of each case, giving claim number and the date of admission to a special hospital.

4. Transportation—Attendants.

Transportation to hospitals from place of commitment or in certain cases from one hospital to another, is authorized by the Public Health Service. If the patient requires an attendant while traveling, transportation for the attendant is also authorized by the Public Health Service. Furthermore, the return transportation of the attendant is provided for by the Public Health Service. A relative of the patient should be used as the attendant wherever possible. Occasionally, in extreme cases, two attendants will be required, and in such instances their transportation is authorized by the Public Health Service. The district supervisor should request authority for travel of attendant by letter or telegram. In those cases where it is not possible to secure the services of an attendant already an employee of the Government, an attendant must be officially nominated as a temporary attendant in the Public Health Service for the required number of days, at a per diem salary, by the district supervisor, or his representative.

5. Clinical history and sworn statement of insanity.

An abstract of the clinical history, giving home address and name and address of nearest relative, should always accompany the patient. Also a physician's sworn statement that the patient is insane and in need of treatment.

6. (a) It is believed that many neuro-psychiatric patients have been discharged from the Army and Navy and are at large in the community. In view of the fact that neuro-psychiatric patients are liable to come in conflict with conventional customs of society it is thought that a certain percentage of these patients will sooner or later find their way before various civil police officials. Hence, police officials, jailers, wardens of prisons, and others concerned should be advised through the proper channels that the Public Health Service district supervisors have jurisdiction over the disposition of such beneficiaries of the Public Health Service.

(b) Officers of county courts and other individuals who ordinarily have jurisdiction over neuro-psychiatric cases should be advised as to the proper disposition of such beneficiaries of the Public Health Service. (See in this relation paragraph 5, page 3.)

C. SPECIAL EXAMINERS IN NEURO-PsYCHIATRY.

1. (a) As noted above, the establishment of the special Public Health Service Hospitals requires a reasonable accuracy in diagnosis before a patient can be sent to the proper hospital.

(b) You should make the necessary arrangements with members of the medical profession specially trained in neuro-psychiatry, for the examination of such cases. In Appendix F you will find a list of physicians in your district who are rated to be able to diagnose mental and nervous afflictions.

(c) It is believed that the district officers should investigate the physicians in this list as soon as opportunity is offered. If found to be suitable they should be recommended by the district officer to be designated by the Bureau of War Risk Insurance as examiners, in accordance with the plan stated in bureau letter under date of July 16, 1919. The discretion of the district officer will, of course, determine the most logical localities in which to designate neuro-psychiatric specialists as examiners.

(d) The War Risk Insurance Bureau and the Bureau of Public Health Service should be advised as soon as these men are appointed.

2. (a) Appendix G is a list of mental clinics and out-patient departments in your district to which a mental case may be referred for examination. You should ascertain the activity of these out-patients departments and encourage institutions to establish them, so that the citizens of the State, including disabled discharged men, may secure advice.

(b) A reasonable fee for examination of neuro-psychiatric claimants on the War Risk Insurance Bureau by these out-patients departments will be allowed.

3. (a) Copies of the physicians' reports of examinations of claimants should be forwarded to the following: War Risk Insurance Bureau; Public Health Service Hospital to which patient is sent; district officer's file.

(b) Date of examination, date of admission, and discharge from hospital should be stated.

D. For your information there is included in Appendix H a copy of the "Program for Mental Hygiene, United States Public Health Service."

E. For your information, and action upon in suitable instances, there is included in Appendix I suggested standard forms of laws for the commitment, care, etc., of persons suffering from mental disorders.

Respectfully,

RUPERT BLUE,
Surgeon General.

Reconstruction Personnel.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 1, 1919.

Bureau Circular Letter No. 183.

Medical officer in charge United States Marine and Public Health Service Hospital:

A section of physical reconstruction has been established in the hospital division of the bureau to direct and supervise the several branches of physiotherapy and occupational therapy as measures for the functional restoration of the beneficiaries of the service.

The personnel required for this work, consisting of reconstruction officers, head aides, and aides in physio and occupational therapy, together with the necessary equipment and supplies, will be sent to the several stations as circumstances may require.

The pay and allowances of the aides will be the same as that now provided for the nurse corps of the service.

In view of the above, it is requested that you furnish the bureau with information regarding the following persons who may be employed at your station at the present time, in order that their status may be determined:

The names and duties of reconstruction aides or persons so acting engaged in any branch of physiotherapy or occupational therapy, including academic teaching or hospital social-service work, stating date of entry into service, rate of compensation, and whether quartered on the reservation or elsewhere.

The names and duties of all Red Cross personnel attached to the station for whom quarters and subsistence are furnished under departmental authority dated July 5, 1919.

A statement concerning all other activities, volunteer in character, embracing Red Cross, social service, library service, etc.

RUPERT BLUE,
Surgeon General.

Treatment of Beneficiaries of the Bureau of War Risk Insurance.

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH SERVICE,
Washington, August 6, 1919.

Bureau Circular Letter No. 184.

To commissioned medical officers, acting assistant surgeons, customs officers, and others concerned

1. A part of the act of Congress approved July 18, 1919, entitled "An act making appropriations for sundry civil expenses of the Government for the fiscal year ending June 30, 1920, and for other purposes," which makes appropriation for the Bureau of War Risk Insurance, reads as follows:

Provided, That none of appropriations made herein for the Bureau of War Risk Insurance shall be expended to reimburse any expenses incurred by any Government-owned hospital or hospital under contract with the Public Health Service for examination, care, or treatment of beneficiaries of the Bureau of War Risk Insurance.

2. In accordance with the above quotation from this act, you are advised that, effective July 1, 1919, there will be no charge made by the Public Health Service for the examination, care, or treatment of beneficiaries of the Bureau of War Risk Insurance at relief stations of the service. It will, therefore, not be necessary in future at second, third, and fourth class stations to render separate vouchers for the examination, care, or treatment of war-risk patients, as has been done heretofore in accordance with Bureau Circular Letter No. 138, dated August 13, 1918; and at marine hospitals, the rendering of repayment accounts, Forms 1928 and 1929, should be discontinued, effective July 1, 1919.

3. The above instructions mean that at second, third, and fourth class stations war-risk patients may now be included in the same voucher with American merchant seamen, but, as a matter of record, it is desired that the letters "W. R. L." be placed after the names of all war-risk patients on vouchers, relief certificates, hospital permits, and reports rendered on Form 8998.

4. The expenses of examination by physicians selected by Public Health Service officers and designated by the War Risk Insurance Bureau, and hospital expenses while being examined, if at other than Government-owned or service contract hospitals, will be chargeable, until further notice, to the War Risk Insurance Bureau as heretofore.

Respectfully,

RUPERT BLUE,
Surgeon General.

Treatment Discharged Canadian Soldiers.

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH SERVICE,
Washington, August 7, 1919.

Bureau Circular Letter No. 185.

To commissioned medical officers, acting assistant surgeons, United States Public Health Service, and others concerned:

1. You are advised that the Canadian Government has requested the Secretary of the Treasury to extend to discharged Canadian soldiers resident in the United States the facilities of the hospitals of the Public Health Service. The Canadian Government is willing to provide similar facilities for discharged American soldiers in Canada.

2. In compliance with this request the Secretary of the Treasury has authorized the admission of discharged Canadian soldiers to the hospitals of the service, and you are therefore directed to furnish them upon presentation of their discharge or copy thereof from the Canadian forces or other evidence which clearly establishes the claimants' identity and eligibility to examination and treatment, care and treatment when they apply for the same, at a per diem rate the same as is now charged for foreign seamen at first-class stations and contract rates at contract hospitals.

3. A physical examination should be made of these discharged soldiers when they present themselves for such purpose and bills for necessary expenses for such examination or care and treatment should be rendered in the manner prescribed by service regulations for the care of foreign seamen, except that such bills, Forms 1928 and 1929, should be rendered to the bureau in duplicate for collection and headed "Department of soldiers' civil reestablishment of Canada." The triplicate copy should be filed at the station.

These bills, Forms 1928 and 1929, should include all charges for which the service is to be reimbursed, such as charges for care in hospital (both Government owned and contract); also any expense incurred for ambulance service, X-ray service, use of operating room, etc.

4. In connection with such cases officers are informed that the Canadian Government undertakes to furnish necessary medical care for its discharged soldiers for any cause whatever for one year from date of discharge.

5. All papers, such as vouchers, repayment accounts, Forms 1928 and 1929, relief certificates, hospital permits, etc., should be sent to the Bureau of the Public Health Service. At first, second, and third-

class stations this class of patients should be entered in the record of hospital patients or record of out-patients, as the case may be, in the usual manner. At third-class stations such patients should be issued relief certificates, Form 1916, and hospital permits, Form 1917, in the usual manner. Following the name of this class of patients in all papers, reports, vouchers, relief certificates, hospital permits, etc., should be placed "Discharged Canadian soldier," or this may be abbreviated "D. C. S."

Examination, care, and treatment of discharged Canadian soldiers should also be furnished by the district supervisors. In fact, the foregoing instructions apply to district supervisors as well as to officers in charge of relief stations.

District supervisors should be careful that cards A, B, C, and D, Forms 1971A, 1971B, 1971C, and 1971D, and all other papers such as vouchers, reports on Form 8998, etc., covering this class of patients, should be marked "Discharged Canadian soldiers," or if writing space is limited, this may be abbreviated "D. C. S."

Paragraph 2 above explains when to furnish examination, care, or treatment.

Paragraph 3 above explains how payment accounts, Form 1928 and 1929, should be rendered.

Paragraph 5 above explains that such patients should be entered in the record of hospital patients or record of out-patients, as the case may be. Such patients should of course be given permit numbers along with other patients in the usual manner.

7. In rendering vouchers for the care of this class of patients at contract hospitals, and at hospitals selected by district supervisors, they may be included in vouchers for the care of American merchant seamen or War Risk patients, but it is very important that the abbreviation "D. C. S." be placed after the name of each of such patients in these vouchers, and such vouchers should be accompanied by repayment accounts in duplicate, Forms 1928 or 1929, as the case may be, and a copy of the discharge from the Canadian forces, covering each of such patients.

8. All charges for the examination, care, and treatment of this class of patients should be included in monthly report of relief furnished foreign seamen or other pay patients, Form 1927.

Respectfully,

RUPERT BLUE,
Surgeon General.

Use of Cream and Substitutes for Butter.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 25, 1919.

Bureau Circular Letter No. 186.

To commissioned medical officers, acting assistant surgeons, United States Public Health Service, and others concerned:

As it is desirable to use cream for certain purposes in the hospitals of the service you are authorized to place this article in the future on subsistence proposals, and to issue it for the use of patients, nurses, and attendants in reasonable quantities where it is needed, keeping in mind that it is a costly commodity, and that as small a supply should be purchased as will meet the actual needs.

Except for special cases where prescribed by a physician the cream should be diluted with milk in the proportion of 1 part of cream to 2 parts of milk. This is ordinary table 20 per cent cream. The double or 40 per cent cream should be diluted with milk in the proportion of 1 part of cream to 4 parts of milk. The dietitian, where one is in charge of the preparation of food, should oversee the serving of cream and her requisitions for this article should be approved wherever possible, otherwise cream should not be used except for coffee, unless prescribed by a physician.

The most satisfactory way of dispensing cream for coffee is by adding it before serving. When this procedure is followed a certain amount of the coffee should be reserved without cream for those who prefer it black. It is wasteful to serve cream either in large or small containers on the table and the bureau does not desire its use in that way except in small messes where such methods may be economically adopted. The use of cream for cooking or in the manufacture of ice cream is, except in the most unusual cases, unnecessarily wasteful and, unless specifically prescribed in the preparation of special diets, should not be used. If cream is diluted according to directions given above 1 ounce of the 20 per cent cream daily per capita is a fair allowance.

There exists a prejudice against the table use of oleomargarine and as soon as patients become aware of the substitution they express dissatisfaction and willfully waste more than they eat. It is therefore desired that the use of oleomargarine be discontinued and that a fair grade of butter be used on tables. Butter should be served in small butter plates and in squares cut by a butter-cutting machine, of which there are several desirable models on the market, one of the most satisfactory of which is that sold by the Food Appliances Manufacturing Corporation of Rochester, N. Y. Hospitals of 100 beds or over should submit requisitions for such machines

in the usual way. For table service one piece of butter may be placed at each place and more may be served if requested. Under no conditions, in large messes, should butter be placed on the table in bulk. For cooking purposes oleomargarine possesses no advantage over lard, drippings, or the various lard substitutes, which latter are most desirable and economical for kitchen use. Butter should only be used in the preparation of food when specifically ordered for the sick by a physician.

Respectfully,

RUPERT BLUE,
Surgeon General.

Transportation Requests.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 29, 1919.

Bureau Circular Letter No. 187.

To district supervisors of United States Public Health Service, medical officers in charge, and others concerned:

The bureau desires that the greatest possible discretion be exercised in authorizing travel on Government requests for transportation. Officers of the Public Health Service who have been empowered to grant this privilege in connection with the treatment of beneficiaries of the Public Health Service should investigate with particular care each case under advisement and should weigh every consideration offered by such cases before a decision is reached to allow transportation at the expense of the Government.

The issuance of transportation requests should be under the immediate supervision of the officer signing these requests, and he should consider himself personally responsible for the justification of every request issued.

Respectfully,

RUPERT BLUE,
Surgeon General.

Treatment of Disabled Men While Undergoing Training by the Federal Board for Vocational Education.

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH SERVICE,
Washington, September 30, 1919.

Bureau Circular Letter No. 188.

To commissioned medical officers, acting assistant surgeons, and others concerned:

1. You are advised that the Secretary of the Treasury has authorized the treatment in marine hospitals, Public Health Service

hospitals, contract hospitals, and relief stations of this service of disabled men discharged from the military forces who have entered upon and are undergoing a course for vocational training. Treatment in each instance is to be furnished upon the request (Form 1971-D) of the district officers of the Federal Board for Vocational Education, so far as facilities are available.

2. After the district officers of the Federal Board for Vocational Education have ascertained, preferably by telephone, whether facilities are available, they are authorized to use for this purpose the hospital admission card U. S. P. H. S., (Treasury Department, U. S. P. H. S. Form 1971-D.) This card will be given to the man, who will be directed to present it to the designated hospital or relief station, and a copy will be sent immediately to the district supervisor of the Public Health Service. In using these cards it is understood that the Federal Board officers will strike out the words "For examination only," will insert under "Class" the letters "F. B. V. E.," and will sign over their official title.

3. A distinction should be made between war-risk beneficiaries and beneficiaries of the Federal Board for Vocational Education. Discharged men from the military forces who have entered upon and are undergoing a course for vocational training are entitled to treatment as beneficiaries of the War Risk Insurance Bureau for any injury or disease contracted prior to discharge, or for which they have previously received treatment while in the military service, or if the present disability can reasonably be connected with a former injury or disease incurred in the military service prior to discharge.

4. Disabled men discharged from the military forces who have entered upon and are undergoing a course for vocational training, and who are in need of treatment for an injury or disease which is in no way connected with their military service, may receive such treatment at all relief stations of the Public Health Service at the expense of the Federal Board for Vocational Education, and separate vouchers headed "Federal Board for Vocational Education" should be rendered for the care of such patients through the Bureau of the Public Health Service for direct payment by the Federal Board for Vocational Educational Transportation, when necessary, to and from a hospital, for such cases will be furnished by the Federal Board for Vocational Education.

5. At stations of the first class (marine hospitals and Public Health Service hospitals) a charge of \$1.50 per diem for each patient shall be made, and repayment accounts, Forms 1928 or 1929, as the case may be, should be rendered the Bureau of the Public Health Service in duplicate. If expenditures are incurred for articles or services

under contract, such as X-ray or ambulance service, bills should be rendered on Form 1949, in favor of the payee, and transmitted through this bureau for direct payment by the Federal Board for Vocational Education. Such vouchers should be headed "Federal Board for Vocational Education." Charges covered by repayment accounts, Forms 1928 and 1929, should be taken up on the monthly report of relief furnished foreign seamen and other pay patients, Form 1927, but expenditures covered by vouchers forwarded for direct payment should not be taken up on Forms 1927 and 1955.

6. At places where the service has a contract the per diem charge for each patient shall be the contract rate. Vouchers should be rendered on Forms 1926 and 1949, as the case may be, and headed "Federal Board for Vocational Education." They should be signed by the payee and certified by the medical officer in charge of the station, and must be accompanied by the original or copy of request for treatment in each case. Only one request is necessary, regardless of the length of time a patient remains under treatment. Vouchers should be rendered promptly at the end of each month. Such vouchers should include not only charges for hospital care and treatment but miscellaneous services under contract, such as ambulance and X-ray service, use of operating room, etc. Expenditures covered by such vouchers should not be taken upon the monthly report of relief furnished foreign seamen and other pay patients, Form 1927, and monthly schedule of encumbrances, Form 1955.

7. Where out-patients treatment is furnished repayment accounts, Form 1929, should be rendered to the bureau in duplicate covering such treatment at \$1 per visit, and these items should be taken up on monthly report of relief furnished foreign seamen and other pay patients, Form 1927.

8. Treatment of the above class of patients is to be made in each instance upon the written request, as provided in Paragraphs 1 and 2 of the District Vocational Officer of the Federal Board for Vocational Education, so far as facilities are available. This applies to all relief stations of the Public Health Service.

9. Differences of opinion between the Federal Board and the Public Health Service as to whether the board should bear the expense of medical care in any particular case should be settled whenever possible by conference between the District Vocational Officer or the District Medical Officer and the Direct Supervisor of the Public Health Service.

10. When the man is about to be discharged from hospital the officer in charge will notify the District Vocational Officer and request instructions as to his disposition.

11. A list of hospitals, relief stations, and other places where the service has a contract and a supply of Form 1971-D will be furnished by the District Supervisor on request.

Respectfully,

RUPERT BLUE,
Surgeon General.

Care of Motor Vehicles in Freezing Temperature.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 30, 1919.

Bureau Circular Letter No. 189.

Medical officers in charge of hospitals of the United States Public Health Service, and others concerned:

It is the duty of all personnel responsible for the care and upkeep of motor equipment to see that all necessary precautions are taken to prevent damage incident to the freezing of water in radiators, cylinders, and pumps of motor vehicles. Employees are earnestly requested to give these instructions particular attention.

IN COLD WEATHER WHEN MOTOR VEHICLES ARE NOT STORED IN HEATED BUILDINGS.

(a) Radiators, pumps, cylinder blocks, and carburetors will be drained by opening the drain cocks at the lowest point in the circulating system.

(b) The engine will be started and run slowly for one minute and the gas-line supply shut off at the tank, thus allowing the engine to "die," which will use up the remaining gasoline in the carburetor and line. Open sediment bulb under the tank for a few seconds also, to prevent water from freezing in it.

(c) After the engine has stopped, the carburetor will be drained, as very often a few drops of water will have collected at the bottom. This procedure will effectively empty every drop of water from the engine and evaporate any remaining moisture around cylinders, pump, and radiator.

(d) If the radiator is hot do not replace filler cap tightly, as the metal often contracts, making subsequent removal difficult.

(e) In zero weather water will freeze in the cylinders even when the engine is running. Steps must therefore be taken to provide suitable aprons of canvas or other material to cover the radiators.

(f) Do not park vehicles for an extended time with hand brakes set. This practice often results in the bands freezing to brake drums.

(g) If radiator is frozen do not attempt to thaw it out by running the engine; use hot water.

ANTIFREEZING MIXTURES.

There is only one antifreezing mixture that is suitable for use in the water-cooling system of a motor vehicle, and that is alcohol (denatured preferred). The per cent by volume to give a certain freezing point can be obtained from the table below:

Freezing point ° F.	Alcohol per cent by volume.	Water per cent by volume.	Specific gravity of mixture.
14 above zero.....	20	80	0.975
6 above zero.....	25	75	.969
2 below zero.....	30	70	.964
12 below zero.....	35	65	.959
20 below zero.....	40	60	.953
28 below zero.....	45	55	.945
35 below zero.....	50	50	.933

Respectfully,

RUPERT BLUE,
Surgeon General.

Printing for Field Work of the Public Health Service.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 26, 1919.

Bureau Circular Letter No. 190.

To commissioned officers, and others concerned, United States Public Health Service:

The legislative appropriation act approved March 1, 1919, contains the following provision:

On and after July 1, 1919, all printing, binding, and blank-book work for Congress, the Executive Office, the judiciary, and every executive department, independent office, and establishment of the Government, shall be done at the Government Printing Office, *except such classes of work as shall be deemed by the Joint Committee on Printing to be urgent or necessary to have done elsewhere than in the District of Columbia for the exclusive use of any field service outside of said District.*

In response to a request from this bureau, the Joint Committee on Printing has granted authority for printing to be done outside of the District of Columbia when deemed urgent or necessary for the use of this service, using in its authorization the following language: "For the immediate use of the Public Health Service, in its field work for relief and sanitation."

However, the committee coupled this authority with the following requirement:

A detailed report of the classes, including number of copies, description, and cost, of the printing herein authorized shall be submitted to the Joint Committee on Printing every three months, i. e., October 1, January 1, April 1, and July 1.

In accordance with the foregoing, it is directed that no printing be done outside of the Government Printing Office unless the matter be one of pressing emergency, which will permit of no delay. It is further directed that the report above described be forwarded to the bureau at the close of each quarter, beginning October 1, 1919.

Furthermore, whenever any emergency printing of the kind above described is ordered at a station, a letter should be immediately addressed to the bureau making report of the action taken, and inclosing a copy of the material to be printed.

RUPERT BLUE,
Surgeon General.

Compliance With Regulations Governing Publication in the Medical Journal Enjoined.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 3, 1919.

Bureau Circular Letter No. 191.

*To commissioned officers, acting assistant surgeons, and pharmacists,
United States Public Health Service:*

The attention of all officers is invited to paragraph 257 of the regulations, which reads as follows:

A junior officer wishing to report the history of any case for publication in a medical journal shall obtain the consent of the officer in command.

Strict compliance with this regulation is enjoined upon all officers. Furthermore, medical officers in charge of stations should weigh carefully the effect of implied service approval of conclusions published in articles by service officers, and if in doubt concerning the policy of the publication it should be referred to the bureau for approval.

RUPERT BLUE,
Surgeon General.

Reports of Relief for the United States Employees' Compensation Commission.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 1, 1919.

Bureau Circular Letter No. 192.

To commissioned medical officers, acting assistant surgeons, and others concerned:

1. Your attention is invited to the nature and purpose of the admission and discharge reports of cases treated under the provisions of the compensation act which you have been making to the United States Employees' Compensation Commission, in accordance with bureau circular letter No. 148, of December 27, 1918.

2. The buff-card report, Form C. A. 20, is to be mailed to the commission as soon as a case comes under treatment. The white-card report, Form C. A. 21, is to be mailed when the case is discharged from treatment.

3. These reports serve their purpose only when they are sent in promptly, the buff-card report when the case first comes under treatment, and the white card as soon as the case is discharged. Medical officers are, therefore, directed to see that these reports are not delayed. If in any case it is impossible to forward the report promptly, it should be accompanied, when forwarded, by a letter of transmittal explaining the cause for the delay.

Respectfully,

RUPERT BLUE,
Surgeon General.

Instructions for Procuring Tires and Tubes for Motor Vehicles.

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH SERVICE,
Washington, October 25, 1919.

Bureau Circular Letter No. 193.

To medical officers, and others concerned, United States Public Health Service:

The bureau having made a contract with two tire companies to furnish all sizes of tires (pneumatic and solid) and tubes in all parts of the United States, it is directed that after November 15, 1919, none of this equipment be purchased under department approval of July 18, 1919, except in cases of emergency.

All marine hospitals, United States Public Health Service hospitals, district headquarters, quarantine stations, and other places

where motor vehicles of this service are in use are directed to send their requisitions for tires and tubes to the Purveying Depot. A sufficient number of spare tires and tubes should be kept on hand to avoid emergency purchases, and requisitions should be forwarded at least two weeks before tires and tubes are needed in order to allow sufficient time for delivery.

When making requisitions state size, type (clincher or straight side or quick detachable) and the make of the vehicle on which the tires and tubes are to be used. In all cases state clearly the address where the tires should be delivered. Upon receipt of same send the receipted invoice to the Purveying Depot as soon as goods are checked, noting shortage and defects, if any.

If the stock of tires and tubes is carefully watched and sufficient time is allowed for delivery, it is believed that this method of procuring tires will prove satisfactory to the stations of the service, besides enabling the bureau to benefit by the prices quoted on a quantity contract.

Respectfully,

RUPERT BLUE,
Surgeon General.

Notation to be Made on Government Transportation Requests Before Presentation for Tickets.

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH SERVICE,
Washington, November 5, 1919.

Bureau Circular Letter No. 195.

Medical officers and others using Government transportation requests:

To expedite the auditing of railroad and Pullman car vouchers all persons using Government transportation requests are directed to place a notation on all requests presented for transportation or Pullman accommodations, showing the division of the bureau under whose direction the travel is performed. The following symbols should be used to indicate the different divisions of the bureau: Personnel and Accounts, P. A.; marine hospital and relief, M. H.; foreign and insular quarantine, F. Q.; domestic quarantine, D. Q.; venereal disease, V. D.; scientific research, S. R.; and sanitary reports and statistics, S. R. & S.

These notations should be placed on both original and memorandum request under the official title of the person signing the request.

RUPERT BLUE,
Surgeon General.

Transportation and Meal Requests—Instructions for Issuing Memorandum Copies.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 26, 1919.

Bureau Circular Letter No. 196.

To medical officers and others concerned, United States Public Health Service:

In order to expedite the work of auditing and rendering payment of bills incurred on transportation and meal requests issued by the service, it is directed that officers issuing and countersigning these requests, give careful attention to instructions governing same, and properly accomplish the forms before issuance.

1. Knowing the exact purpose for which the request is issued the officer should state on the blank space at the lower right-hand corner of the Transportation form the reason for travel, briefly stating in the case of patients, for example, "Hospital to home," "For examination," "For hospitalization," etc.

When the transportation request is issued to officers, and it is found impractical to state in advance the reason for travel, the officer to whom issued may state reason for travel by writing on the form when it is put to use, for example, "On inspection duty," "Changing station," "Joining station," "Attending conference," etc.

The name of the traveler having been written in full, on the space provided (Name of traveler) on the form, the officer should at the same time fill out the space (Official title) at the lower right-hand corner, for example, "Attendant," "Patient," "Seaman," "Surgeon," etc.

If left to the person traveling to supply the facts, it is invariably neglected, and the information can not be acquired without search and unnecessary correspondence.

2. When more than one person is given transportation or meals on one request, the name and title of each additional person should be plainly written on the reverse side of both original and memorandum copies.

3. Place and date of furnishing should also be supplied by the issuing officer on space provided. This applies to transportation and meal requests alike.

4. Forwarding memorandum copies of transportation and meal request should not be delayed beyond a reasonable period of time. The practice of allowing the copies to accumulate and forwarding them at weekly and monthly intervals is erroneous and impedes the progress of accounting and the payment of vouchers. The need for the memorandum copies arises at the bureau soon after issuance and it becomes expedient to forward same forthwith.

Compliance with these instructions is important in order to determine to what appropriation the expenditure is chargeable.

Respectfully,

RUPERT BLUE,
Surgeon General.

Report of Relief for the United States Employees' Compensation Commission.

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH SERVICE,
Washington December 9, 1919.

Bureau Circular Letter No. 197.

To commissioned medical officers, acting assistant surgeons, and others concerned:

1. Referring to Bureau Circular Letters No. 148, dated December 27, 1918, and No. 192, dated October 1, 1919, relative to rendering reports to the Employees' Compensation Commission covering cases of injured civil employees, you are advised that the commission reports under date of December 2, 1919, that many stations of the Public Health Service have not been forwarding these reports.

You are therefore directed to comply with the two above-mentioned circulars, and are again advised that the reports of admission, Form C. A.-20, and reports of discharge, Form G. A.-21, serves their purpose only when sent in promptly.

2. You are also directed to number compensation cases serially, beginning a new series with No. 1 on January 1 of each year, the admission report, Form C. A.-20, and discharge report, C. A.-21, in any given case to have the same serial number.

3. You are also directed to forward monthly, on the first of each month, to the Employees' Compensation Commission a statement covering the treatment of compensation cases during the preceding calendar month, showing—

1. The total number of dispensary or out-patient treatments given to beneficiaries of the compensation act.

2. The number of days' hospital treatment given to beneficiaries of the compensation act.

Respectfully,

RUPERT BLUE,
Surgeon General.

Additions to Nomenclature of Diseases and Conditions.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 12, 1919.

Bureau Circular Letter No. 198.

The following additions are made to the Nomenclature of Diseases and Conditions contained in Miscellaneous Publication No. 16 of the United States Public Health Service, to follow page 75 of that publication:

Diagnostic and prophylactic procedures.

No.	Procedure.	Class No. ¹	International classification.
2112	Diphtheria, passive immunization against.....	XXVIII	.....
2113	Diphtheria, test for susceptibility to.....	XXVIII	.....
2114	Diphtheria, toxin-antitoxin immunization against.....	XXVIII	.....
2115	Pneumonia, immunization against.....	XXVIII	.....
2116	Procedures not listed elsewhere.....	XXVIII	.....
2117	Rabies, immunization against.....	XXVIII	.....
2118	Smallpox, vaccination against.....	XXVIII	.....
2119	Syphilis, complement deviation test for.....	XXVIII	.....
2120	Syphilis, cutaneous reaction for.....	XXVIII	.....
2121	Tuberculin reaction, cutaneous.....	XXVIII	.....
2122	Tuberculin reaction, ophthalmic.....	XXVIII	.....
2123	Tuberculin reaction, percutaneous.....	XXVIII	.....
2124	Tuberculosis, complement deviation test for.....	XXVIII	.....
2125	Typhoid fever, immunization against (including immunization against paratyphoid fever.....)	XXVIII	.....
2126	Veneral prophylactic treatment.....	XXVIII	.....

¹ A new class is added to those given on p. 7 of Misc. Pub. 16, as follows: "XXVIII, Diagnostic and Prophylactic Procedures"

RUPERT BLUE,
Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 27, 1919.

Bureau Circular Letter No. 199.

(Supersedes Bureau Circular Letter No. 194.)

Medical officers in charge and others concerned:

In order to make uniform the method of submitting personnel data pertaining to all classes of employees, except regular corps and reserve corps officers and acting assistant surgeons and consultants, furnished by the field offices of the United States Public Health Service, it is necessary to change the various methods now used by different stations and the following system will go into effect January 1, 1920.

ATTENDANTS AND OTHER EMPLOYEES.

Nominations, promotions, demotions, separations from the service, and all other changes in status will be forwarded to the bureau on "Personnel Form 3" (sample of which is attached). This form will be forwarded in a general lot twice a month, four days before the pay rolls for that period are forwarded. In other words, if the pay roll is to be forwarded on the 15th of the month this form, covering all changes up to and including the 11th, will be mailed on the 11th. Forms covering all changes during the four days period before the rolls are forwarded will be attached to the pay roll when it is submitted.

As it is necessary that this information be in the bureau in order to intelligently audit pay rolls, all names appearing on the rolls for which no data has been received will be stricken off. If the amount shown after names on the pay rolls differs from the records in the bureau, the rolls will be passed according to the bureau's records.

Oaths of office, letters stating that applicants will submit to vaccination, and such information will be retained on file by the various stations and not forwarded to the bureau.

ACTING ASSISTANT SURGEONS AND CONSULTANTS.

Nominations for acting assistant surgeons and consultants should be submitted in quadruplicate on the prescribed form (a copy of which is attached), one copy to be mailed directed to the Personnel and Accounts Division, U. S. P. H. Service, Washington, D. C. A supply of these forms can be obtained from the bureau upon request. This form will also be submitted for temporary acting assistant surgeons appointed pending commission in the reserve corps.

A copy of the bureau's communication or other authorization must accompany the pay roll for all new names appearing thereon. If for any reason the status of a doctor changes during the pay-roll period all changes on the pay roll will be substantiated by a copy of communication affecting such change. Unless the order or communication affecting such change is attached to the roll, the roll will be passed on the old basis. If this can not be done, the name will be stricken from the roll and a supplemental roll with the data affecting the change attached will have to be submitted.

GENERAL INFORMATION.

In quoting salaries of any employees of the service the base pay will be used. The base pay does not include the bonus.

As some time must elapse before an intelligent estimate can be made of the ability and qualifications of an employee, the form recommending the bonus Personnel Form No. 2 (sample of which is attached) should not be written until the expiration of two weeks after entrance on duty. Those employees who are separated from the service within the two-week period will receive no bonus.

Hereafter if employees are not certified for the bonus within one month from the date of entrance on duty, their certification thereafter will begin from the time the letter is written. The department has shown a tendency to disapprove all old cases where men have not been certified for the bonus until several months had elapsed.

Stations will submit each month to the Division of Personnel and Accounts U. S. P. H. Service, Washington, D. C., a list of the doctors

on duty there during the month, and any changes which have taken place since last report, on Personnel Form No. 1 (sample of which is attached) showing their principal duties, such as treating war-risk insurance beneficiaries, consultants in surgery, quarantine, immigration, or special assignments.

RUPERT BLUE,
Surgeon General.

UNITED STATES PUBLIC HEALTH SERVICE.

Status of doctors.
Personnel form No. 1.

Station
Date

Name.	Designation.	Salary.	Duties.
John Johnson.....	P. A. surgeon.....	.....	In charge of hospital.
Henry Smith.....	Asst. surgeon.....	.....	Executive officer.
John Roe.....	Asst. surgeon.....	.....	Tuberculosis work.
Richard Brown.....	A. A. surgeon.....	\$2,500	Head and throat work.
Patrick Greene.....	A. A. surgeon.....	2,400	Mental diseases. Transferred from Greenville, S. C. Reported 12-15-19.
Allen Lambert.....	A. A. dent. surgeon...	2,500	Dental examinations. Reported 12-20-19.
Jones, Thos.....	Consultant.....	960	Surgery.
Harvey Robertson.....	A. A. surgeon.....	2,400	Resigned 12-15-19.

.....
In charge.

INSTRUCTIONS.

This form will be mailed on the last day of each month to the bureau, one in a separate envelope addressed to the Surgeon General, U. S. Public Health Service, Personnel and Accounts Division, Washington, D. C., and one in an envelope addressed to the Marine Hospital Division, U. S. Public Health Service, Washington, D. C.

The entries on this form may be according to relative rank or otherwise, as the station desires, but the designations will be placed last. Salary to be quoted on A. A. surgeons and consultants.

If a consultant is on duty at the district office as well as at a hospital, his name will be shown in both places.

UNITED STATES PUBLIC HEALTH SERVICE.

Bonus certifications.
Personnel form No. 2.

Station
Date

The ability and qualification of the following employees justify the increased compensation:

Name.	Designation.	Salary per annum.	Date of entrance on duty.
John Johnson.....	A. A. surgeon.....	\$2,400	Dec. 15, 1919
Henry Smith.....	A. A. surgeon.....	2,000	Dec. 20, 1919
Richard Brown.....	A. A. surgeon.....	1,800	Dec. 15, 1919
John Roe.....	Stenographer.....	1,200	Dec. 5, 1919
Patrick Green.....	Attendant.....	600	Dec. 20, 1919

.....
In charge.

INSTRUCTIONS FOR USE OF THIS FORM.

This form will be made up in triplicate, one copy to be retained on file at the station and the other two to be mailed to the Surgeon General, Washington, D. C.

Attention is invited to Bureau Circular No. 176, a copy of which is attached. The name of an employee will not appear on this form for certification for the bonus until he has been on duty at least two weeks.

If any employee's name appears on this form who has been on duty more than one month and entitled to the bonus, the reason for the delay in certifying him will be explained in the last column.

UNITED STATES PUBLIC HEALTH SERVICE.

Station
Date

Changes in personnel.
Personnel form No. 3.

Name.	Designation.	Date effective.	Base salary.	Vice promotions, demotions, discontinuance, and remarks.
Doe, John.....	Attendant....	11- 5-19	\$450 P. A.....	John Smith resigned 11-4-19.
Irving, Henry.....	Act. cook....	11- 8-19	\$500 P. A.....	Wm. Black resigned 11-5-19.
Johnson, Robt.....	Clerk.....	11-10-19	\$840 P. A.....	New position.
Lamont, Preston....	Stenographer..	11-11-19	\$1,000 P. A.....	Promoted from \$900 P. A.
Smith, George.....	Tel. operator..	11-15-19	\$600 P. A.....	Demoted from \$720 P. A.
Brown, Richard....	Chauffeur.....	11-16-19	\$840 P. A.....	Discharged for inefficiency.

In charge.

INSTRUCTIONS FOR THE USE OF THIS FORM.

Changes should be recorded on this form as they happen. In other words, enter the changes each day and when the time arrives for forwarding to the bureau it will be complete and require only checking.

If an employee is furnished quarters, subsistence, and laundry, it will be noted in last column.

One copy of this form will be mailed direct to the Personnel and Accounts Division and two copies to the Marine Hospital Division, Washington, D. C.

Countersigning Transportation and Meal Requests in Bona Fide Handwriting.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 20, 1920.

Bureau Circular Letter No. 200.

To medical officers and others concerned, United States Public Health Service:

It has come to the attention of the bureau that a number of officers have permitted the use of a rubber stamp facsimile of their signature in countersigning transportation and meal requests, which is con-

trary to instructions and a violation of department regulations governing the issuance of these Government forms.

Department Circular No. 49, Office of the Comptroller of the Treasury, dated June 19, 1915, paragraph 4, on the subject of transportation requests, is as follows:

The original request should bear the signature of the head of department or other proper authorizing officer, either in writing or facsimile thereof. It must further be countersigned by the issuing officer in his own bona fide handwriting at the time of issue to the traveler, and will not be recognized as valid by the transportation companies unless so countersigned. Any failure or neglect on the part of either Government officials or the transportation companies to comply with these requirements may subject claims for payment for transportation services to delay and possible rejection by the accounting officers of the Treasury.

Officers who in the performance of duty are authorized to issue transportation and meal requests can not delegate others to perform this act of countersigning same in their name, nor should they direct employees to use a facsimile, it being prohibited.

In order to meet this situation medical officers in charge, district supervisors, and officers now performing this administrative duty, or who may hereafter be designated, may, when it becomes necessary by the stress of duties, recommend to the Surgeon General for his approval the name of such executive, principal, or chief clerk under his charge who will be designated and authorized to countersign transportation and meal requests, by direction of the Surgeon General, under the same regulations as now apply, and under such conditions and rules as may be prescribed by the United States Public Health Service Regulations.

Respectfully,

RUPERT BLUE,
Surgeon General.

Treatment of Discharged Canadian Soldiers—Amendment to Bureau Circular Letter No. 185.

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH SERVICE,
Washington, January 15, 1920.

Bureau Circular Letter No. 201.

To commissioned medical officers, acting assistant surgeons, U. S. Public Health Service, and others concerned:

1. The following is an extract of a letter received by the Chief Medical Adviser, Bureau of War Risk Insurance, from the Director of Medical Services, Department of Soldiers' Civil Reestablishment, Ottawa, Canada:

1. A recent amended order in council, P. C. 387, passed February 24, 1919. By this amendment exmembers of the C. E. F., to obtain the benefits of treatment

for any condition for one year following discharge from the Army, must be resident in Canada.

In view of the above, paragraph 4, of Bureau Circular Letter No. 185, dated August 7, 1919, is hereby annulled.

2. The following is an extract from a letter dated November 10, 1919, to the Chief Medical Adviser, Bureau of War Risk Insurance, from the Director of Medical Services, Department of Soldiers' Civil Reestablishment, Ottawa, Canada:

2. On application for treatment by an exmember of the British or Canadian forces, who is suffering from a disability due to or aggravated by service, it is requested that two copies of S. C. R. 346 be forwarded to the Director of Medical Services, Soldiers' Civil Reestablishment, Ottawa. It is suggested that where institutional treatment is recommended, this form be forwarded, after admission to such institution, in order that sections thereof, asking for date of admission to hospital and other information necessary in order that pay and allowances may be granted, may be filled out.

It is desired that this procedure be followed in all cases except those of venereal disease, it being understood that such cases are not to be treated as on the strength of this department, except where the disability is one of tertiary syphilis or complications thereof.

In view of the fact that S. C. R. regulations with regard to the treatment of venereal-disease cases of this nature, involve the closest scrutiny of medical documents, it would seem desirable that, where such cases present themselves to your representatives for treatment, such treatment should not be given until the case has been referred to this department.

On completion of treatment of exmembers of the British or Canadian forces resident in the United States, or when such cases have been considered to have reached a stage of finality, it is desired that S. C. R. Form 76 should be completed and two copies forwarded to the Director of Medical Services, Soldiers' Civil Reestablishment, Ottawa.

In furnishing relief to discharged British or Canadian soldiers, you are directed to comply with the above requests and instructions.

Respectfully,

RUPERT BLUE,
Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 23, 1920.

Bureau Circular Letter No. 202.

To commissioned medical officers, acting assistant surgeons, and others concerned:

There is attached hereto an addendum to Miscellaneous Publication No. 16, 1916, being a nomenclature or classification of mental diseases. This classification corresponds to that adopted by the American Medico-Psychological Association May 30, 1917. New numbers (2500 to 2553) have been introduced for terms not appearing in the original Miscellaneous Publication No. 16.

You are requested to utilize the numbers in the left-hand column of the addendum in lieu of the diagnoses made in accordance with the above-mentioned Miscellaneous Publication No. 16.

Respectfully,

RUPERT BLUE,
Surgeon General.

ADDENDUM TO MISCELLANEOUS PUBLICATION NO. 16, 1916.

Nomenclature of diseases and conditions—Classification of mental diseases.

No.	Disease.	Classification of American Medico Psychological Association.
1015	PSYCHOSES, TRAUMATIC.....	1
2500	Traumatic delirium.....	1 (a)
2501	Traumatic constitution.....	1 (b)
2502	Post-traumatic mental enfeeblement.....	1 (c)
1014	PSYCHOSES, SENILE.....	2
2503	Simple deterioration.....	2 (a)
2504	Presbyophrenic type.....	2 (b)
2505	Delirious and confused states.....	2 (c)
2506	Depressed and agitated states in addition to deterioration.....	2 (d)
2507	Paranoid states.....	2 (e)
2508	Presenile types.....	2 (f)
1007	PSYCHOSES WITH CEREBRAL ARTERIOSCLEROSIS.....	3
286	GENERAL PARALYSIS.....	4
2509	Tabetic type.....	4 (a)
2510	Cerebral type.....	4 (b)
2511	PSYCHOSES WITH CEREBRAL SYPHILIS.....	5
2512	PSYCHOSES WITH HUNTINGTON'S CHOREA.....	6
2513	PSYCHOSES WITH BRAIN TUMOR.....	7
	PSYCHOSES WITH OTHER BRAIN OR NERVOUS DISEASES.....	8
2514	Cerebralembolism.....	
2515	Paralysis agitans.....	
2516	Meningitis, tubercular or other forms.....	
2517	Multiple sclerosis.....	
2518	Tabes.....	
2519	Acute chorea.....	
1011	PSYCHOSES INTOXICATION.....	9
2520	Pathological intoxication ¹	9 (a)
2521	Delirium tremens ¹	9 (b)
1013	Korsakow psychosis ¹	9 (c)
2522	Acute hallucinosis ¹	9 (d)
2523	Chronic hallucinosis ¹	9 (e)
2524	Acute paranoid type ¹	9 (f)
2525	Chronic paranoid type ¹	9 (g)
2526	Alcoholic deterioration ¹	9 (h)
2527	Other types, acute or chronic ¹	9 (i)
2528	Opium (and derivatives), cocaine, bromides, etc., alone or combined (to be specified) ²	10 (a)
2529	Metals, as lead, arsenic, etc. (to be specified) ²	10 (b)
2530	Gases (to be specified) ²	10 (c)
2531	Other exogenous toxins (to be specified) ²	10 (d)
2532	PSYCHOSES WITH PELLAGRA.....	11
1009	PSYCHOSES WITH OTHER SOMATIC DISEASES.....	12
2533	Delirium with infectious diseases (specify).....	12 (a)
2534	Post-infectious psychosis.....	12 (b)
2535	Exhaustion delirium.....	12 (c)
2536	Delirium of unknown origin.....	12 (d)
2537	Cardio-renal diseases.....	12 (e)
2538	Diseases of the ductless glands.....	12 (f)
2539	Other diseases or conditions (to be specified).....	12 (g)
1012	MANIC-DEPRESSIVE PSYCHOSES.....	13
2540	Manic type.....	13 (a)
2541	Depressive type.....	13 (b)
2542	Stupor.....	13 (c)
2543	Mixed type.....	13 (d)
2544	Circular type.....	13 (e)
751	INVOLUTION MELANCHOLIA.....	14
287	DEMENTIA PRECOX (simple type).....	15, 15 (a)
290	Paranoid type.....	15 (a)
288	Catatonic type.....	15 (b)
289	Hebephrenic type.....	15 (c)

¹ Alcoholic.

² Drugs and other exogenous toxins.

Nomenclature of diseases and conditions—Classification of mental diseases—
Continued.

No.	Disease.	Classification of American Medico Psy- chological Association.
920	PARANOIA.....	16
921	PARANOID STATE.....	16
1008	PSYCHOSES, EPILEPTIC.....	17
2545	Deterioration.....	17 (a)
2546	Clouded states.....	17 (b)
2547	Other conditions.....	17 (c)
1010	PSYCHOSES, HYSTERICAL.....	18 (a)
1006	PSYCHASTHENIA.....	18 (b)
845	NEURASTHENIA.....	18 (c)
2548	ANXIETY NEUROSES.....	18 (d)
2549	PSYCHOSES WITH CONSTITUTIONAL PSYCHOPATHIC INFERIORITY.....	19
2550	PSYCHOSES WITH MENTAL DEFICIENCY.....	20
648	UNDIAGNOSED PSYCHOSES.....	21
382	EPILEPSY WITHOUT PSYCHOSIS.....	22 (a)
1377	ALCOHOLISM WITHOUT PSYCHOSIS.....	22 (b)
2551	DRUG ADDICTION WITHOUT PSYCHOSIS.....	22 (c)
2552	CONSTITUTIONAL PSYCHOPATHIC INFERIORITY WITHOUT PSYCHOSIS.....	22 (d)
2553	MENTAL DEFICIENCY WITHOUT PSYCHOSIS.....	22 (e)
631	Idiocy.....	
632	Imbecility.....	

Confidential Efficiency Report.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, February 8, 1920.

Bureau Circular Letter No. 203.

To all commissioned officers, acting assistant surgeons, pharmacists, and others concerned:

The inclosed form (1962-a) will supersede Form 1962, "Information required of officers in charge, Public Health Service, concerning officers on duty at their respective stations."

Instructions are printed on the form and should be followed closely. Attention is directed especially to the time such reports are to be submitted, and to the procedure to be followed when an unfavorable entry of fact is made.

These reports will be used by promotion boards to a large extent as a basis for their recommendations.

The care and thoroughness with which reports are rendered will be considered in forming an estimate of the reporting officers' ability to judge men and their qualifications for administrative duty.

Officers in charge should render these reports in their own handwriting and send them to the surgeon general's office in an envelope plainly marked "Division Personnel and Accounts." They will be kept on file in the office of the chief of that division and will be used or inspected only under his immediate supervision.

A report on this form should be submitted in case of all commissioned officers, acting assistant surgeons, pharmacists, and other ad-

ministrative or technical personnel below the grade of senior surgeon, exclusive of nurses and what have been ordinarily known as attendants.

J. C. PERRY,
Acting Surgeon General.

Countersigning of Transportation Requests—Amendment to Bureau Circular Letter No. 200.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, February 19, 1920.

Bureau Circular Letter No. 204.

To commissioned officers and others concerned, United States Public Health Service:

The last two paragraphs of Bureau Circular Letter No. 200, January 20, 1920, are changed to read as follows:

Officers in charge are authorized to designate any commissioned officer at their stations to countersign transportation requests. It is believed that a sufficient number of commissioned officer are assigned at all stations of the service to perform this duty. If, under exceptional circumstances, it is desired to delegate this function to an executive clerk or other employee, proper recommendation should be made to the surgeon general for his approval designating the employee by name, and stating in full the reasons for the request.

Respectfully,

J. C. PERRY,
Acting Surgeon General.

Instructions for Discontinuing Bonus Part-Time Employees.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 6, 1920.

Bureau Circular Letter No. 205.

To medical officers in charge of United States marine and United States Public Health Service hospitals, district supervisors, and others concerned:

Due to a recent ruling by the honorable the Secretary of the Treasury in accordance with the act of March 1, 1919, bonus will not be allowed to part-time employees including acting assistant surgeons and attending specialists (consultants) except in the case of "charwomen" and you are hereby directed to discontinue the bonus in each case in accordance with the above ruling, effective March 1, 1920.

In the event that the amount of work performed by part-time employees warrants an increase in base pay to equal the original base pay plus bonus, you are informed that a recommendation to this effect will be considered by the bureau.

All recommendations for change in salary at the hospital or station under your charge, due to the above ruling, should be included in the one communication, in order to simplify the necessary readjustment.

Respectfully,

J. C. PERRY,
Acting Surgeon General.

Method of Procuring Spare Parts, Accessories, and Repairs for Motor Transportation.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 4, 1920.

Bureau Circular Letter No. 206.

To medical officers of the United States Public Health Service:

You are advised that bureau similar letter of August 1, 1919, is hereby amended.

Paragraph 1. The Motor Transport Corps, United States Army, no longer furnishes accessories, spare parts, and repairs for vehicles of this service.

Paragraph 2. The purchase of accessories, spare parts, and repairs in the open market without first obtaining bureau authority is discontinued, with the following exceptions:

In an emergency, tires and tubes, spark plugs, skid chains, and light bulbs may be purchased without bureau authority.

Spare parts may be purchased in the open market, when necessary for immediate repairs, without bureau authority if they may be procured locally; otherwise spare parts may be procured through the Purveying Depot and in no case shall any station order parts from the factory manufacturing the vehicle. In cases where parts can only be obtained from the factory, delivery will be expedited and a more favorable price obtained when ordered through the Purveying Depot.

All requisitions for replacement parts to be carried in stock at stations will be forwarded to the Purveying Depot for approval.

Repairs not exceeding \$25 on motor vehicles owned by this service may be made without bureau authority when it is not practicable to do the work at the station. When extensive overhauling is necessary

and the work can not be performed at the station, a list showing the extent of repairs and replacements with estimated cost thereof shall be forwarded to the Purveying Depot for approval.

It is not desired to make any changes in the present method of purchasing gasoline and repairing tires and tubes.

This authority should not be considered as a cancellation of the approval of contracts made with dealers.

Department approval of July 18, 1919, should be cited on bills as authority for all expenditures made in accordance with the foregoing instructions.

Respectfully,

J. C. PERRY,
Acting Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 12, 1920.

Bureau Circular Letter No. 207.

To commissioned medical officers, reserve officers, acting assistant surgeons, United States Public Health Service, and others concerned:

The bureau desires to correlate the activities of the personnel of the several divisions of the Public Health Service, as they relate to the venereal infections of the general public, and particularly of beneficiaries of the service and discharged soldiers, sailors, and their families.

Every person suffering from venereal disease coming to the attention of an officer of this service should be given advice relative to his infection. He should be advised of the provisions that have been made for the prevention of the spread of venereal diseases. In case such person is not entitled to treatment as a beneficiary of the service he should be referred to the nearest venereal disease clinic listed in Reprint No. 521. He should be instructed to communicate with the venereal disease-control officer of his State board of health, or the United States Public Health Service, 228 First street NW., Washington, D. C., if additional advice or assistance is required.

If additional information is desired relative to venereal disease-control activities, specific questions concerning which instructions are desired should be addressed to the bureau.

H. S. CUMMING,
Surgeon General.

Interpretation of Bureau Circular Letter No. 201.

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH SERVICE,
Washington, March 22, 1920.

Bureau Circular Letter No. 208.

To commissioned medical officers, acting assistant surgeons, Public Health Service, and others concerned:

Bureau Circular Letter No. 201, dated January 15, 1920, amending Bureau Circular Letter No. 185, relative to the treatment of discharged Canadian soldiers, has in many instances been misconstrued by officers and others concerned in the field.

The following interpretation by the foreign relations section, Bureau of War Risk Insurance, of Bureau Circular Letter No. 201, is as follows:

The quotation in paragraph 1 means that a discharged Canadian soldier living within the Dominion of Canada can receive treatment (by his own Government) for any disability whatsoever, whether of service origin or not, during the first 12 months following his discharge.

If the discharged soldier lives outside the Dominion of Canada, he can only receive treatment for disabilities contracted in the service or aggravated by the service, and for such disability he is entitled to treatment at any time whether before or after the expiration of one year from date of discharge, and such treatment should be furnished by officers of the Public Health Service.

In this connection, you are also informed that SCR Forms 76 and 346, when executed by examiners in the case of discharged British or Canadian soldiers, should in each case be forwarded to the district supervisor, who shall prepare three additional copies, one to be retained by him and the other three copies to be forwarded to the Director of Medical Services, Department of Soldiers' Civil Re-establishment, Ottawa, Canada, through the Chief Medical Advisor, Bureau of War-Risk Insurance, Foreign Relations Section, Canadian Unit. That bureau will retain one copy and forward two copies to Ottawa, Canada.

H. S. CUMMING,
Surgeon General.

Instructions Concerning Signature of Officers in the Reserve.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 29, 1920.

Bureau Circular Letter No. 209.

To commissioned officers and pharmacists, United States Public Health Service:

Bureau Circular Letter No. 164 (May 5, 1919) is hereby amended to read as follows:

Hereafter all official matter to be signed by reserve officers on active duty in the reserve corps shall be prepared for signature with their reserve title immediately followed by the word "Reserve" in parentheses. All correspondence addressed to such officers shall have the word "Reserve" in parentheses immediately following their title.

In official correspondence with the bureau concerning pay rolls, travel orders, etc., officers on inactive duty in the reserve, but on active duty in some other capacity, should not make use of their reserve titles.

NOTE.—The purpose of this letter is to obviate the necessity of explaining to the department in each case when an order requiring the expenditure of money is addressed to an individual who is commissioned in the reserve, but is serving under a different designation.

H. S. CUMMING,
Surgeon General.

Advantages of Joining the Association of Military Surgeons of the United States.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 25, 1920.

Bureau Circular Letter No. 210.

To commissioned medical officers of the Public Health Service:

It is desired to point out that officers of the Public Health Service are eligible for membership in the Association of Military Surgeons of the United States. This association was incorporated by act of Congress and receives the official support of the Surgeon Generals of the Army, Navy, and Public Health Service, and Chief, Bureaus of Militia Affairs of the Army and Navy.

The constitution provides as follows:

The officers shall be a president and three vice presidents, who shall be elected from and represent in regular rotation the Army, the Navy, the Public Health Service, and the Organized Militia; a secretary and a treasurer; all of which officers shall hold their respective offices until their successors are elected and qualified.

It stands for medico-military education, progress, coordination, and betterment of the services. Its meetings furnish opportunities for discussion of important medical and sanitary questions. The magazine is a high-class periodical and contains a number of valuable and interesting articles.

At present the number of Public Health Service officers holding membership in this association is relatively small, and it is desired to increase this number as much as possible. It is believed that if officers will give careful consideration to the advantages of membership in this association that the number of representatives of this service will be materially increased.

Respectfully,

H. S. CUMMING,
Surgeon General.

Granting of Commissary Privileges to Officers of the Public Health Service.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 25, 1920.

Bureau Circular Letter No. 211.

To officers of the Public Health Service:

A deficiency act approved March 6, 1920, provides as follows:

Hereafter officers of the Public Health Service may purchase quartermaster supplies from the Army, Navy, and Marine Corps at the same prices as charged officers of the Army, Navy, and Marine Corps.

This provision extends the commissary privileges to officers of the Public Health Service, and it is believed that the different stations where supplies are sold have been notified of this authority.

Respectfully,

H. S. CUMMING,
Surgeon General.

Exhibits and Ideas to Illustrate the Several Activities of the United States Public Health Service, Giving Emphasis to the Rehabilitation of Disabled Soldiers.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, March 31, 1920.

Bureau Circular Letter No. 212.

To medical officers in charge, U. S. Public Health Service hospitals, and others concerned:

You are advised that the bureau desires to obtain at once exhibits and ideas for exhibits illustrating the several activities of the service for possible future use in this country and abroad.

These exhibits should present concisely the work of the several divisions, special emphasis being given to the rehabilitation of the disabled soldier, including the methods for the relief and aftercare of cases of bone and joint deformities, of amputation cases and those otherwise maimed, of the blind and deaf, of neuro-psychiatric, tubercular, and cardiovascular cases, of those suffering from neuroses or from the after-effects of poisonous gases, of maxillo-facial cases, and of patients with constitutional or other diseases.

The exhibits may be—

- (a) Charts showing the general scope of present activities and future plans.
- (b) Maps, photographs, and posters.
- (c) Methods of application and products of occupational therapy.
- (d) Models illustrating all types of work.
- (e) Case reports of special interest, with complete history, drawings, series of photographs showing progress, casts, apparatus, etc.
- (f) Plans of hospitals, and models of hospitals to scale ($\frac{1}{16}$ inch to 1 foot). Such models should include the reservation if possible.

You are directed to give this matter publicity at your station making every effort to enlist the enthusiastic cooperation of both personnel and patients, and to receive and forward to the bureau, attention officer in charge of service exhibit, all plans and suggestions submitted.

Each article prepared will be marked with description named, date of preparation, name of person making same, and the name and number of the hospital, and will be held for further instructions, a description of the article being forwarded to the bureau at once.

H. S. CUMMING,
Surgeon General.

Credit Allowed for Service in Army, Navy, Marine Corps, and Coast Guard in Computing Longevity Pay.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 5, 1920.

Bureau Circular Letter No. 213.

To officers of the Public Health Service:

Attention is called to the following provision, quoted from the deficiency appropriation act approved March 6, 1920:

Officers of the Public Health Service shall be credited with service in the Army, Navy, Marine Corps, and the Coast Guard in computing longevity pay.

An officer who is entitled to longevity increase in pay under the above provision should file with the first pay roll on which he claims such longevity pay a statement showing his service in each of the branches, such statement to be supported by a certified service record or records. The statement should show the date of enlistment or of commission and the date of termination of each period of service, together with the time of service under each enlistment or commission and the total time of service under all enlistments and commissions, such total to include service in the Public Health Service.

Certified service records to support the statement may be obtained from the proper officers, as follows:

The Adjutant General of the Army.

Chief, Bureau of Navigation, Navy Department.

Adjutant and Inspector of the Marine Corps.

Commandant of the Coast Guard.

Subsequent pay rolls will simply show that he has completed 5, 10, 15, or 20 years' service, as the case may be.

Service in the National Guard while in the service of the United States may be counted in computing longevity pay, but service in the National Guard while not in the service of the United States can not be so counted.

Respectfully,

H. S. CUMMING,
Surgeon General.

Third and Fourth Class Stations Under the Direct Supervision of District Supervisors.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 12, 1920.

Bureau Circular Letter No. 214.

To medical officers of the Public Health Service, deputy collector of customs, and others concerned:

It is directed that, effective May 1, 1920, Public Health Service relief stations of the third and fourth class shall be under the direct supervision of district supervisors, and all correspondence, reports, proposals, requisitions, vouchers, etc., shall be forwarded to the bureau through the district supervisor who has charge of the district in which the relief station is located.

Reports and vouchers shall be made up at the relief station and marked O. K. and initialed by the medical officer or deputy collector in charge, as per example $\frac{\text{O. K.}}{\text{JMM}}$, and when received by the district supervisor should be certified by him and forwarded to the Bureau of the Public Health Service.

Third and fourth class stations that in the past have rendered monthly schedules of incumbrances, Form 1955, will continue to do so, but forward same through the district supervisor for his certification.

Respectfully,

H. S. CUMMING,
Surgeon General.

Discontinuance of Motor Vehicle Reports and Instructions for Ordering Spare Parts.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 24, 1920.

Bureau Circular Letter No. 215.

To medical officers of the United States Public Health Service, and others concerned:

1. The monthly inventory of motor vehicles required by unnumbered bureau circular letter of July 21, 1919, is hereby discontinued.

2. In ordering spare parts for motor vehicles, the instructions in the catalogue should be followed and the motor and chassis numbers of the vehicles for which parts are required and the exact name and part number should be given, as listed in the catalogue.

3. The Public Health Service has no Dodge cars for issue.

H. S. CUMMING,
Surgeon General.

Relative Treatment Furnished Discharged Soldiers of the Allied Nations.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 26, 1920.

Bureau Circular Letter No. 216.

To medical officers of the United States Public Health Service, and others concerned:

The following letter dated April 17, 1920, has been received from the Chief Medical Advisor, Bureau of War Risk Insurance:

The bureau is daily receiving a large number of accounts against the department of Soldiers' Civil Reestablishment, Ottawa, returned, payments being disallowed because of the fact that the disability for which the expense had been incurred was not of service origin or had not been aggravated by military service; in many cases because the disease was an acute process contracted after discharge from the service, and having no possible connection therewith, or because the disability was of venereal origin.

It is requested that the Surgeon General call the attention of district supervisors to the fact that no discharged disabled member of the military or naval

forces of any of the allied or associated powers should be taken for treatment except for disabilities of service origin or which have been aggravated by his military service.

Especial attention is directed to the fact that in no instance will a case of venereal disease in the person of a discharged member of the military or naval forces of the allied or associated powers be accepted for treatment by any hospital, Government owned or operated or contract, without first obtaining specific permission from the Chief Medical Advisor of the Bureau of War Risk Insurance.

Failure to observe the above procedure can only result in monetary loss to the bureau and can but prove a potential source of irritation and misunderstanding between the bureau, the Department of Soldiers' Civil Reestablishment and other similar institutions.

You are directed in future to be guided by the above-quoted letter; namely, that no discharged disabled man of the military or naval forces of any of the allied or associated powers should be taken for treatment except for disabilities of service origin or which have been aggravated by his military service, and that in no instance will a case of venereal disease in the person of a discharged member of the military or naval forces of the allied or associated powers be accepted for treatment by any hospital, Government owned or operated or contract, without first obtaining specific authority from the Chief Medical Advisor, Bureau of War Risk Insurance.

H. S. CUMMING,
Surgeon General.

Relative War Risk Transportation Requests.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 26, 1920.

Bureau Circular Letter No. 217.

To medical officers of the Public Health Service, and others concerned:

You are advised that the Bureau of War Risk Insurance states that considerable confusion and delay in the payment of certain vouchers in that bureau has arisen on account of war risk transportation requests (symbol "TWR") being used for travel on business of the Public Health Service, and a notation made to the effect that charges are to be billed against the Public Health Service, this procedure being authorized in paragraph 2 of Public Health Service unnumbered bureau circular letter dated November 12, 1919, which reads as follows:

It is hereby directed that under such circumstances transportation requests showing that the expenditures are chargeable to the Public Health Service be used. This may be accomplished with the War Risk Insurance request by striking out the words "Charges to be billed against war risk insurance," and

inserting the words, "Charges to be billed against Public Health Service," so that there need be no delay even if Public Health Service transportation requests are not on hand.

Paragraph 2 of unnumbered bureau circular letter dated November 12, 1919, quoted above, is hereby annulled, and in future war-risk insurance transportation requests (symbol "TWR") should be issued only to beneficiaries of the War Risk Insurance Bureau, when traveling at the expense of that bureau, and to attendants accompanying such beneficiaries.

H. S. CUMMING,
Surgeon General.

Communications Originating With Subordinate Personnel—Advice Regarding Pay and Accrued Leave Upon the Transfer of Personnel.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, April 29, 1920.

Bureau Circular Letter No. 218.

Medical officers, United States Public Health Service, and others concerned:

Attention is directed to the following instructions governing the forwarding to the bureau of communications originating with subordinate personnel at stations of the service and transfer of officers and other employees.

(1) No communications originating with subordinate personnel at stations of the service shall be forwarded to the bureau for consideration without making a definite recommendation as "Respectfully forwarded, recommending approval or disapproval" and stating the reason for such action, except in cases where it is obvious that no recommendation is necessary.

(2) All communications addressed to officers of a higher authority shall be signed by the officer in charge, and not by a subordinate member of the personnel at stations of the service, "By direction of the officer in charge," or similar expression.

(3) When transfers of officers or other employees are made from one station to another, the officer in charge shall immediately notify by letter the officer in charge of the station to which the transfer is made, giving the name, rank, or grade, rate of pay, date when last paid, and amount, if any, of unused leave which may have accrued to the credit of the officer or employee at the station from which transferred.

H. S. CUMMING,
Surgeon General.

Use of Arsenic Preparations in Treatment of Syphilis.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, May 12, 1920.

Bureau Circular Letter No. 219.

Medical officers, U. S. Public Health Service and others concerned:

Your attention is invited to the extensive exploitation through advertisements in professional journals and otherwise of various arsenic preparations which are not related to the arsphenamine group. The preparations referred to are sold with claims in regard to their value in the treatment of syphilis, which are unwarranted.

In the opinion of this office it is in the interest of all concerned that the subcutaneous, intramuscular, or intravenous use of arsenic in the treatment of syphilis be confined to preparations of the arsphenamine group, as these agents are of established value and are produced under the regulations of the Public Health Service. The following firms are now licensed for the manufacture of arsphenamine and neo-arsphenamine:

Dermatological Research Laboratories, 1720 Lombard Street,
Philadelphia, Pa.

H. A. Metz Laboratories, 122 Hudson Street, New York, N. Y.

Diarsenol Co. (Inc.), Buffalo, N. Y.

Takamine Laboratories, Clifton, N. J.

The Lowy Laboratory, of Newark, N. J., has been granted a license to prepare a stable solution of arsphenamine.

It is not the desire of the bureau to limit clinicians in the choice of agents of recognized worth, but in the case of arsenic preparations, not members of the arsphenamine group, the available evidence indicates that their routine use is inadvisable in the treatment of syphilis. If it is desired to use any of these preparations in a purely experimental way previous authority from the bureau should be secured. Applications for this authority should be accompanied by a statement as to the composition of the drug, including the structural formula and the reason for its use. All information available on the value of the preparation should be forwarded.

Receipt of this circular should be acknowledged and marked "V. D. Division."

H. S. CUMMING,
Surgeon General.

Pay Increase, Transportation of Families, and Commutation of Heat and Light Under Act of May 18, 1920.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, May 28, 1920.

Bureau Circular Letter No. 220.

To officers of the Public Health Service:

1. An act approved May 18, 1920, contains the following provisions:

That commencing January 1, 1920, commissioned officers of the Army, Navy, and Marine Corps and Public Health Service shall be paid, in addition to all pay and allowances now allowed by law, increases at rates per annum as follows: Colonels in the Army and Marine Corps, captains in the Navy, and assistant surgeons general in the Public Health Service, \$600; lieutenant colonels in the Army and Marine Corps, commanders in the Navy, and senior surgeons in the Public Health Service, \$600; majors in the Army and Marine Corps, lieutenant commanders in the Navy, and surgeons in the Public Health Service, \$840; captains in the Army and Marine Corps, lieutenants in the Navy, and passed assistant surgeons in the Public Health Service, \$720; first lieutenants in the Army and Marine Corps, lieutenants (junior grade), acting assistant surgeons and acting assistant dental surgeons in the Navy, and assistant surgeons in the Public Health Service, \$600; second lieutenants in the Army and Marine Corps and ensigns in the Navy, \$420: *Provided*, That contract surgeons of the Army serving full time shall receive the pay of a second lieutenant.

SEC. 2. That the rights and benefits prescribed under the act of April 16, 1918, granting commutation of quarters, heat, and light during the present emergency to officers of the Army on duty in the field are hereby continued and made effective until June 30, 1922, and shall apply equally to officers of the Navy, Marine Corps, Coast Guard, and Public Health Service: *Provided*, That such rights and benefits as are prescribed for officers shall apply equally for enlisted men now entitled by regulations to quarters or to commutation therefor.

SEC. 9. That nothing contained in this act shall be construed as granting any back pay or allowances to any officer or enlisted man whose active service shall have terminated subsequent to December 31, 1919, and prior to the approval of this act unless such officers or enlisted men shall have been recalled to active service or shall have been reenlisted prior to the approval of this act.

SEC. 11. * * * *Provided*, That hereafter longevity pay for officers in the Army, Navy, Marine Corps, Coast Guard, Public Health Service, and Coast and Geodetic Survey shall be based on the total of all service in any or all of said services.

SEC. 12. That hereafter when any commissioned officer, noncommissioned officer of the grade of color sergeant and above, including any noncommissioned officer of the Marine Corps of corresponding grade, warrant officer, chief petty officer, or petty officer (first class) having a wife or dependent child or children is ordered to make a permanent change of station the United States shall furnish transportation in kind from funds appropriated for the transportation of the Army, the Navy, the Marine Corps, the Coast Guard, the Coast and Geodetic Survey, and the Public Health Service to his new station for the wife and dependent child or children: * * * *Provided further*, That if the cost of such transportation exceeds that for transportation from the old to the

new station the excess cost shall be paid to the United States by the officer concerned: *Provided further*, That transportation supplied the wife or dependent child or children of such officer to or from stations beyond the continental limits of the United States shall not be other than by Government transport if such transportation is available: * * *.

SEC. 13. That the provisions of sections 1, 3, 4, 5, and 6 of this act shall remain effective until the close of the fiscal year ending June 30, 1922, unless sooner amended or repealed: * * *.

SEC. 14. That nothing contained in this act shall operate to reduce the pay or allowances of any officer or enlisted man on the active or retired list: *Provided*, That the allowances and gratuities now authorized by existing law are not changed hereby, except as otherwise specified in this act.

2. The increase of pay provided for by this act is temporary, and amounts expended under the authority of the act should be separately accounted for. In making out pay rolls, amounts paid as "increase of compensation" under the act should be stated separately.

3. The act provides for increase of pay from January 1, 1920, but the amount of the increase for the months of January to May, inclusive, should be entered on a supplemental roll and should not be included in the regular pay roll for May, 1920.

4. New pay rolls, which provide a separate column in which to enter the increase under the act, are being prepared. Commissioned officers of the regular corps should use Form 1948 and reserve officers should use Form 1948A.

5. Until the new pay rolls become available the pay rolls now in use shall be continued with the following change: Form 1948, pay and commutation roll for commissioned officers and pharmacists, shall have a line drawn in the space under "Name and designation," about 1 inch from the present line, and in the box at the head of the column shall be written "Increase of compensation, act May 18, 1920," and the amounts shall be totaled at the foot of the column.

Name and designation.	Increase of compensation, act May 18, 1920.	Pay.	Commutation of quarters, etc.	Amount due.	Date, etc.	Remarks.

6. The roll for reserve officers shall be submitted on Form 1952B as heretofore, with the additional column like that made on Form 1948, as follows:

Name, designation, etc.	Increase of compensation, act May 18, 1920.	Regular compensation.	Increase of compensation.	Total paid.	Date, etc.	Remarks.

7. Every officer of the Public Health Service on duty in the field or on active duty beyond the territorial jurisdiction of the United

States who maintains a place of abode for a wife, child, or dependent parent at a place where quarters are not available is entitled to commutation for quarters, heat, and light at the place where he maintains such place of abode while occupied by such wife, child, or dependent parent, without regard to personal quarters furnished him elsewhere. Officers entitled to this commutation between January 1, 1920, and May 31, 1920, should make claim for the same on an individual pay voucher.

8. Officers assigned to duty within the territorial jurisdiction of the United States and stationed under conditions which make it impracticable to furnish them at Government expense with their authorized allowance of quarters, or when assignment to such duty at such stations is obviously for so short a period that it would not be practicable for such of these officers having dependents to establish their dependents at such stations, such officers shall be considered as on field duty within the meaning of the act of April 16, 1918.

9. When an officer of the class specifically provided for by section 12 of the act desires to secure transportation for his wife or dependent child or children to his new station under the provisions of that section, a transportation request should be made out in all cases. Travel prior to May 18, 1920, is not included within the terms of the act.

H. S. CUMMING,
Surgeon General.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 22, 1920.

Bureau Circular Letter No. 221.

To reserve officers of the Public Health Service:

In view of the conditions and circumstances surrounding the present status of reserve officers in the Public Health Service, I deem it wise to express to you certain personal opinions, which represent essentially what I earnestly desire to put into effect so far as the limitations of my office will permit.

While the medical care and treatment of ex-service men and women may for a time be involved in certain legal uncertainties, nevertheless, in my judgment, this duty will remain a permanent and important part of the work of the Public Health Service, as well as the extension of public health activities, and the reserve officers who have been or will be appointed in this service will be needed indefinitely for the performance of this important work.

The Public Health Service has now, and will have, a real and urgent need of the personnel composing the reserve officers, and it is my

earnest desire to retain the service of this personnel. In order for the service to properly function in this important work, it is considered absolutely essential to reorganize the existing personnel. In this reorganization, it is contemplated and desired to amalgamate the regular and reserve officers into one corps, and reserve officers will be selected largely upon their service records and taken into the regular establishment if the proper legislation can be secured and made effective. I shall strive to make this policy effective as soon as possible.

I feel justified, therefore, in saying to the reserve officers of the Public Health Service that, while their present status may not be as desirable as they would wish, yet the future promises an interesting and useful field of activity, with the establishment of a status which will be acceptable to all of them.

HUGH S. CUMMING,
Surgeon General.

Granting of Commissary Privileges to Officers of the Public Health Service.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 30, 1920.

Bureau Circular Letter No. 222.

(Amending Bureau Circular Letter No. 211.)

To officers of the Public Health Service:

1. A deficiency act approved March 6, 1920, provides as follows:

Hereafter officers of the Public Health Service may purchase quartermaster supplies from the Army, Navy, and Marine Corps at the same prices as charged officers of the Army, Navy, and Marine Corps.

2. In an opinion rendered by the Judge Advocate General of the Army under date of June 16, 1920, the term "officers" as used in the act has been interpreted as meaning only commissioned officers, so far as the provisions of the act affect the Public Health Service.

3. The following extracts from the opinion of the Judge Advocate General of the Army are published for the information and guidance of all interested persons in the service. (Following are quotations from statutes)—

it is apparent that Congress has in mind two classes, viz: Officers and employes; that by the term officers it meant commissioned officers appointed by the President and confirmed by the Senate; and that by the term employes it meant all other persons whether appointed by the Surgeon General or employed generally in the Public Health Service.

The provisions of the statute under specific consideration (act of Mar. 6, 1920, Pub. 155, 66th Cong., p. 6) plainly supports and is in line with such construction.

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It is the opinion of this office, therefore, that only commissioned officers of the Public Health Service are authorized, under the provisions of the act of March 6, 1920, to purchase quartermaster supplies from the Army, Navy, and Marine Corps at the same price as charged officers of the Army, Navy, and Marine Corps.

H. A. WHITE,

Colonel, Judge Advocate, Chief, Administrative Lawyer.

4. It will be noted that the following clause appears in the above quoted opinion "That by the term officers it meant commissioned officers appointed by the President and confirmed by the Senate." Although commissioned officers of the Public Health Service Reserve are appointed by the Secretary of the Treasury by virtue of authority delegated to him by the President, the appointment of such officers is not subject to confirmation by the Senate. It is believed, however, that the term "commissioned officers of the Public Health Service," as used by the Judge Advocate General of the Army, may reasonably be held and construed so as to include reserve officers, inasmuch as the joint resolution, sixty-fifth Congress, first session, provides in part as follows—

that for the purpose of securing a reserve for duty in the Public Health Service in time of national emergency there shall be organized under the direction of the Secretary of the Treasury, under such rules and regulations as the President may prescribe, a Reserve of the Public Health Service. The President alone shall be authorized to appoint and commission as officers in the said reserve such citizens as, upon examination prescribed by the President * * *.

5. It seems apparent from a perusal of the above that the only persons within the Public Health Service who may take advantage of the commissary purchasing privilege are commissioned officers of the Regular and Reserve Corps.

J. C. PERRY,

Acting Surgeon General.

Rescission of Certain Instructions Relative to Preparation and Submission of Pay Rolls Under the Provisions of the Act of May 18, 1920.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, June 30, 1920.

Bureau Circular Letter No. 223.

(Amending Bureau Circular Letter No. 220.)

To officers of the Public Health Service:

1. So much of Bureau Circular Letter No. 220 dated May 28, 1920 (par. 4 and first sentence of par. 5), as requires the use of a new pay-roll form, designated as Form 1948 A, for officers of the Reserve Corps of the Public Health Service, is hereby rescinded, inasmuch

as the Comptroller of the Treasury has disapproved the use of a separate form of pay roll for this class of officers. Form 1948 is being revised so as to show no appropriation designation at the head of the sheet. In order to insure the expeditious auditing of pay rolls, the names of Regular and Reserve Corps officers will be submitted on separate rolls (i. e., the names of Regular and Reserve officers should not appear on the same roll) with the space for the designation of the appropriation left blank. Until Form 1948 (revised) is ready for distribution to stations of the service, the pay accounts of Regular Corps officers and pharmacists will be submitted on Form 1948, and the accounts of Reserve officers on Form 1952 B, as provided in Bureau Circular Letter No. 220, paragraphs 5 and 6.

J. C. PERRY,
Acting Surgeon General.

Classification of Employees and Preparation of Pay Rolls for August and Subsequent Months in Accordance With Provisions of Retirement Act Approved May 22, 1920.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, July 21, 1920.

Bureau Circular Letter No. 224.

To district supervisors, medical officers in charge of hospitals, quarantine and immigration stations, United States Public Health Service:

1. In the preparation of pay rolls for periods of service commencing August 1, 1920, and subsequently all officers of the service charged with the duty of certifying to the correctness of pay rolls covering services of employees under their supervision, will be guided by the following requirements:

The following classes of employees to be credited with $97\frac{1}{2}$ per cent of basic compensation (to be computed on basis salary, not including any bonus to which entitled)—

(a) All acting assistant surgeons, acting assistant dental surgeons, and internes, appointed as result of competitive civil-service examination, whose compensation is in excess of \$300 per annum, appointed for duty at stations for which the Civil Service Commission maintains lists of eligibles.

(b) All attendants appointed as result of competitive civil-service examination or given a competitive classified status by Executive order, employed at quarantine stations, whose compensation is in excess of \$75 per month; all attendants employed elsewhere in the Public Health Service, appointed as result of competitive civil-service

examination or given a competitive classified status by Executive order, whose compensation is in excess of \$50 per month; and all other employees, including those persons appointed to scientific, technical, stenographic, and clerical positions as result of open competitive civil-service examinations or given a competitive classified status by Executive order whose compensation is in excess of \$50 per month.

The following classes of employees are not subject to the provisions of act of May 22, 1920, and should be credited with the total amount of basic compensation on future pay rolls.

(c) All attending specialists (consultants) and local physicians appointed permanently or for limited periods as acting assistant surgeons, without regard to open competitive examination, for duty at stations or localities where, in the opinion of the Civil Service Commission, the establishment of registers of eligibles is impracticable.

(d) All scientific assistants appointed temporarily for periods not to exceed six months or longer, with the prior approval of the Civil Service Commission, in investigations of contagious or infectious diseases and matters pertaining to the public health; any person temporarily employed in the work of preventing or suppressing a threatened or actual epidemic of any disease for which the appropriation for the prevention of epidemics is available; all persons assigned, but not permanently appointed through examination, to classified positions during treatment or convalescence at Government sanitariums; all other employees whose salaries are not in excess of \$50 per month and whose positions are excepted from the competitive requirements of the civil-service rules; all attendants whose compensation is not in excess of \$50 per month and whose positions are excepted from the competitive requirements of the civil-service rules; and unskilled laborers.

2. In individual cases when doubt may exist as to the proper classification of an employee within the meaning of the act, a report will be promptly submitted to the bureau, giving all available facts and including manner of appointment in each particular case. Upon receipt of same, the record of the person whose status is doubtful will be investigated with a view to the determination of the exact classification of the specific case.

3. Employees not appointed through open competitive examination or classified by the civil-service rules or by Executive order do not come within the scope of the retirement act.

H. S. CUMMING,
Surgeon General.

Forms of Pay Rolls for Retirement Deductions.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 13, 1920.

Bureau Circular Letter No. 225.

(Supplementing Bureau Circular Letter No. 224.)

To officers of the Public Health Service:

1. In order that officers of the Public Health Service may be enabled to follow a uniform system in the preparation of employees' pay rolls covering periods of service commencing August 1, 1920, and subsequently, so as to comply with the provisions of section 8, act of May 22, 1920, the following instructions are published for the guidance of all concerned.

2. All employees of the field service may be grouped under two separate divisions for the purpose of computing pay, namely: Classified and unclassified. The term "classified employees" within the meaning of the retirement act, includes only those employees who have been appointed as the result of civil service examination and certification from registers of eligibles. All employees who have not been appointed in the above manner are not affected by the act of May 22, and are, therefore, not subject to any pay deduction. The list of classified and unclassified positions included in Bureau Circular Letter No. 224, dated July 21, was not intended to include the incumbents of classified positions who have been appointed thereto without regard to civil service rules and regulations governing such appointments. Unless it can be unquestionably established that employees have a classified civil-service status, they will be credited with entire amount of basic compensation on future pay rolls.

3. For all services rendered subsequent to July 31, 1920, the pay accounts of both classified and unclassified employees will be prepared on Form 1952 B. For all employees the column headed "Regular compensation" should show the entire amount (100 per cent) of basic compensation for the period of service. The amounts shown in the column headed "Increase of compensation" will be as heretofore for both classified and all other employees. In the column headed "Total paid" the following insertion should appear on all future rolls: "Less 2½ per cent base pay retirement act." For classified employees the amount shown under "Total paid" should be equal to 97½ per cent of base pay plus any bonus authorized. For all other employees amounts will be shown as heretofore with the following remark inserted in "Remark" column opposite each name: "Not within act May 22, 1920."

It is expected that revised salary tables will be received for distribution to field stations in the near future. Until they are received each individual pay account will have to be computed separately.

H. S. CUMMING,
Surgeon General.

Procedure to be Followed by Nominating Officers in Making Recommendations for Appointments to Classified Positions.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 28, 1920.

Bureau Circular Letter No. 226.

To district supervisors, medical officers in charge of hospitals, quarantine and immigration stations, United States Public Health Service:

1. The attention of the bureau has recently been called to the existence of certain irregularities occasioned by the failure of nominating officers at field stations to observe and comply with the requirements laid down in Civil Service Rules and Regulations, relative to the procedure to be followed prior to the preparation and transmittal of recommendations for the appointment of persons to positions, which, by reason of the character of the duties involved, are within the competitive classified service.

2. The following designated positions may be regarded as classified under Civil Service Rules and Regulations:

(a) Acting assistant surgeons, acting assistant dental surgeons where the compensation exceeds \$480 per annum.

(b) Attendants at quarantine stations in cases where the compensation is in excess of \$75 per month; all attendants employed elsewhere in the Public Health Service, in cases where the compensation is in excess of \$50 per month; scientific, technical, stenographic and clerical positions, in cases where the compensation is in excess of \$50 per month.

All positions which apparently can not be included under the above classification may be regarded as without the classified civil service; and appointments thereto may be recommended at any time the interests of the service so require, without the reference of such cases to civil service district secretaries or to the Civil Service Commission for approval.

3. In accordance with a recent recommendation of the Surgeon General, a single register has been established by the Civil Service

Commission at Washington for each of the following-designated positions, from which future certification for appointments will be made:

- Acting assistant surgeons.
- Acting assistant dental surgeons.
- Bacteriologists.
- Administrative assistants.
- X-ray technicians.
- Reconstruction aids.
- Chemists.
- Nurses.
- Dietitians.

Whenever a person is recommended for appointment to any of the above (in cases in which the probable period of employment is greater than 30 days) a request for the certification of an eligible from the appropriate register will accompany the nomination to the bureau. It should be ascertained by the nominating officer whether the appointee desires to qualify under civil-service rules for possible permanent appointment. Should he desire to do so, an application for examination (Form 1312) may be executed and submitted by the applicant within 30 days from the date of appointment, or preferably at time of temporary appointment. A supply of Form 1312 may be obtained from the office of the civil service district secretary most accessible to the appointing officer. (See list of addresses of civil service district secretaries herewith.)

4. Before any action is taken toward the nomination of persons for appointment in any classified position, other than those designated in paragraph 3 herein, the secretary of the civil service district in which appointments are contemplated should be consulted if no delay is occasioned by this action. If he can not be reached promptly the desired employee can be nominated and the district secretary notified in writing that an employee has been put on duty, giving the name of appointee, together with rate of compensation, date of appointment, and duties of said incumbent, and stating in the letter that the nominee has been instructed to qualify for the vacancy under civil-service rules and regulations; or, if no eligibles for the position or positions to be filled are pending on register, the approval of the civil service secretary concerned should be obtained in the same manner when said temporary position is filled. It should be understood that temporary appointments are only authorized for periods not to exceed six months, and are subject to extension only in the event that at the expiration of that period no civil-service eligibles are available for certification. Furthermore, should a register of eligibles be established during the incumbency of a temporary

appointee in a classified position, the regulations require that the temporary appointee take the qualifying examination or be replaced by a person whose name appears on an eligible list. Nominating officers should at all times cooperate with the civil service secretaries of their respective districts in matters pertaining to contemplated appointments to classified positions.

5. At present a number of field employees of this service are occupying classified positions for which they have never qualified through civil-service examination. The existence of such a condition is obviously in violation of civil-service rules and regulations governing appointments, and it is desired that every possible effort be made by the appointing officers to correct same by familiarizing themselves with the requirements of the rules and regulations governing appointments and by close cooperation with the respective civil-service district secretaries. All employees occupying classified positions for which they have not qualified through civil-service examination and certification should be required to apply for examination at the earliest practicable date. The certification of these persons for appointment in most cases is assured soon after successful examination because of the fact that there are very few names awaiting certification from registers of eligibles at the present time.

6. The following list of addresses of the secretaries of the various civil-service districts are published for the information of all concerned:

CIVIL-SERVICE DISTRICTS.

First district.—Headquarters, Boston, Mass.: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, and Connecticut.

Second district.—Headquarters, New York: New York and the counties of Bergen, Essex, Hudson, Middlesex, Morris, Passaic, Sussex, and Union in the State of New Jersey.

Third district.—Headquarters, Philadelphia: Pennsylvania, Delaware, and the counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Mercer, Ocean, Salem, Somerset, and Warren in the State of New Jersey.

Fourth district.—Headquarters, Washington, D. C.: Maryland, West Virginia, Virginia, North Carolina, and the District of Columbia.

Fifth district.—Headquarters, Atlanta, Ga.: South Carolina, Georgia, Alabama, Florida, Mississippi, and Tennessee.

Sixth district.—Headquarters, Cincinnati, Ohio: Indiana and Kentucky.

Seventh district.—Headquarters, Chicago, Ill.: Wisconsin, Michigan, and the counties of Boone, Bureau, Carroll, Cook, Dekalb, Dupage, Ford, Grundy, Henderson, Henry, Iroquois, Jo Daviess, Kane, Kankakee, Kendall, Knox, Lake, La Salle, Lee, Livingston, McHenry, Marshall, Mercer, Ogle, Peoria, Putnam, Rock Island, Stark, Stephenson, Warren, Whiteside, Winnebago, and Woodford, in the State of Illinois.

Eighth district.—Headquarters, St. Paul, Minn.: Minnesota, North Dakota, Nebraska, South Dakota, and Iowa.

Ninth district.—Headquarters, St. Louis, Mo.: Kansas, Missouri, Oklahoma, Arkansas, and the counties of Adams, Alexander, Bond, Brown, Calhoun, Cass, Champaign, Christian, Clark, Clay, Clinton, Coles, Crawford, Cumberland, Dewitt, Douglas, Edgar, Edwards, Effingham, Fayette, Franklin, Fulton, Gallatin, Greene, Hamilton, Hancock, Hardin, Jackson, Jasper, Jefferson, Jersey, Johnson, Lawrence, Logan, McDonough, McLean, Macon, Macoupin, Madison, Marion, Mason, Massac, Menard, Monroe, Montgomery, Morgan, Moultrie, Perry, Platt, Pike, Pope, Pulaski, Randolph, Richland, St. Clair, Saline, Sangamon, Schuyler, Scott, Shelby, Tazewell, Union, Vermilion, Wabash, Washington, Wayne, White, and Williamson, in the State of Illinois.

Tenth district.—Headquarters, New Orleans, La.: Louisiana and Texas.

Eleventh district.—Headquarters, Seattle, Wash.: Wyoming, Montana, Oregon, Idaho, Washington, and Alaska.

Twelfth district.—Headquarters, San Francisco, Calif.: California, Nevada, Colorado, New Mexico, Arizona, and Utah.

H. S. CUMMING,
Surgeon General.

Shipment of Tissue of Persons or Animals Suspected of Suffering From Bubonic Plague.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 30, 1920.

Bureau Circular Letter No. 227.

To officers of Public Health Service and State and local health officers:

Owing to the appearance of plague in several American ports it is important that all cases of suspected plague, both in man and animals, be subjected to a bacteriological examination.

1. The following material from persons or rodents suffering from plague may be sent to laboratories:

HUMAN CASES (LIVING).

(a) Pus or gland fluid from buboes, aspirated by syringe or collected after incision, on agar slants.

(b) Portions of tissues affected, removed at operation, in sterilized bottles, securely stoppered.

(c) Blood specimens, in sterilized, sealed glass ampules or test tubes.

(d) Cultures of suspected organisms, on agar slants.

HUMAN CASES (NECROPSY).

(a) Portions of the affected tissues—preferably bubo, lung, and spleen—in sterilized glass bottles, securely stoppered.

RODENTS.

(a) The whole rodent carcass, in fruit preserving jar.

2. Do not place tissues, nor rodents, in a preservative. The bacteriological diagnosis of plague rests upon the production of the disease in laboratory animals and the isolation and growth of the causative organism, *Bacillus pestis*. Any preservative that kills this organism will defeat the purpose of the examination. If decomposition of the specimen is feared it may be placed in a tight container and this in turn surrounded by ice in a larger container, preferably of wood. Every specimen should be plainly marked, preferably by ordinary pencil, showing the date and the exact location from which it was taken.

3. The shipper must make certain that the specimen is packed in such manner as to prevent possible danger to those handling the same, provided the package is properly handled.

In this connection it is necessary that specimens be wrapped in sufficient cotton or other absorbent material to prevent leakage of fluid from the container should the glass be broken.

THE FOLLOWING INSTRUCTIONS SHOULD BE EXPLICITLY OBSERVED.

1. *Ship by express*.—Federal laws prohibit the shipping of plague-infected material or cultures by mail.

2. Do not make packages too small, as small packages are more likely to be lost in transit or overlooked.

3. Each package should be marked as follows: "NOTICE.—This package contains perishable specimens for bacteriological examination. Please expedite!"

Material should be sent to the nearest one of the following service laboratories, which will make examination and report thereon:

1. The Hygienic Laboratory, Twenty-fifth and E Streets NW., Washington, D. C.

2. U. S. Plague Laboratory, No. 200 Duboce Street, San Francisco, Calif.

3. U. S. Plague Laboratory, No. 525 St. Charles Street, City Hall, New Orleans, La.

4. U. S. Plague Laboratory, Medical Department, University of Texas, Galveston, Tex.

5. U. S. Plague Laboratory, State Department of Health Building, Pensacola, Fla.

6. U. S. Plague Laboratory, Beaumont, Tex.

Respectfully,

H. S. CUMMING,
Surgeon General.

Amending Bureau Circular Letter No. 206.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, August 20, 1920.

Bureau Circular Letter No. 228.

To medical officers of the United States Public Health Service:

Bureau Circular Letter No. 206, March 4, 1920, is amended to read as follows:

You are advised that bureau similar letter of August 1, 1919, is hereby amended.

Paragraph 1. The Motor Transport Corps, United States Army, no longer furnishes accessories, spare part, and repairs for vehicles of this service.

Paragraph 2. The purchase of accessories, spare parts, and repairs in the open market without first obtaining bureau authority is discontinued with the following exceptions:

In an emergency tires and tubes, spark plugs, skid chains, and light bulbs may be purchased without bureau authority.

Spare parts may be purchased in the open market when necessary for immediate repairs without bureau authority if they may be procured locally; otherwise spare parts may be procured through the Purveying Depot, and in no case shall any station order parts from the factory manufacturing the vehicle. In cases where parts can only be obtained from the factory, delivery will be expedited and a more favorable price obtained when ordered through the Purveying Depot.

All requisitions for replacement parts to be carried in stock at stations will be forwarded to the Purveying Depot for approval.

Repairs not exceeding \$25 on motor vehicles owned by this service may be made without bureau authority when it is not practicable to do the work at the station. When extensive overhauling is necessary and the work can not be performed at the station a list showing the extent of repairs and replacements with estimated cost thereof shall be forwarded to the Purveying Depot for approval.

It is not desired to make any changes in the present method of purchasing gasoline and repairing tires and tubes.

This authority should not be considered as a cancellation of the approval of contracts made with dealers.

Department approval of June 7, 1920, should be cited on bills as authority for all expenditures made in accordance with the foregoing instructions during the fiscal year 1921.

Respectfully,

H. S. CUMMING,
Surgeon General.

Pay and Allowances of Administrative Assistants Under the New Regulations
Approved August 29, 1920.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 21, 1920.

Bureau Circular Letter No. 229.

To officers in charge, administrative assistants, and others concerned:

The new regulations of the Public Health Service approved August 29, 1920, make decided changes in the pay and allowances of pharmacists, who are now for administrative purposes to be known as administrative assistants.

The new regulations will reach the stations in mimeographed form within a few days. You are to be governed by these regulations, and your attention is especially called to the fact that by these new regulations administrative assistants are not entitled to subsistence or commutation for subsistence. Upon receipt of this letter you will discontinue issuing subsistence to pharmacists.

Where pay rolls have been rendered at the old rates for service subsequent to August 28, 1920, supplementary pay roll vouchers should be rendered to cover the difference in pay and allowances. Where administrative assistants (pharmacists) have drawn rations, cooked or uncooked, due allowance should be made in the voucher for the cost of the same from and including August 29, 1920, to date of receipt of this letter. The deduction for rations drawn should be made at the rate of commutation for subsistence prescribed by the old regulations (\$60 per month).

In these supplementary vouchers paragraph 124 of the regulations should be cited as authority for additional pay, that being the number of the new paragraph relating to the pay and allowances of administrative assistants. As authority for deducting cost of subsistence at the rate of \$60 per month you will cite this letter.

The Secretary of the Treasury will be requested to authorize a board to classify the administrative assistants other than pharmacists now in the Public Health Service. If the Secretary of the Treasury approves the recommendations of the board the provisions of the new regulations will be effective for administrative assistants other than pharmacists.

Respectfully,

C. C. PIERCE,
Acting Surgeon General.

**Personnel Information in Connection With the Retirement Act Approved
May 22, 1920.**

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, September 22, 1920.

Bureau Circular Letter No. 230.

To district supervisors, medical officers in charge of hospitals, quarantine and immigration stations, United States Public Health Service:

1. In compliance with a request from the Treasury Department, your attention is invited to a letter quoted below from the Chief, Division of Appointments, and to the attached schedule addressed to Civil Service Commission in connection with the retirement act, approved May 22, 1920.

2. You are requested to furnish the desired information on the attached schedule and forward same promptly to the Personnel and Accounts Division, United States Public Health Service, Washington, D. C., in an envelope marked "Retirement" in the lower left-hand corner:

By direction of the Secretary, you are advised that the department is in receipt of a request from the U. S. Civil Service Commission for the following information to be used in connection with the retirement act. * * *:

1. Number of persons engaged upon clerical, supervisory, professional, and technical work (all employees not otherwise covered, excluding mechanics and unskilled laborers).

2. Number of mechanics, helpers, skilled laborers, and others engaged upon work requiring training and physical ability rather than education and mental ability.

3. Number of persons engaged as mere unskilled manual laborers, including charwomen.

J. E. HARPER,
Chief, Division of Appointments.

C. C. PIERCE,
Acting Surgeon General.

Preference to be Given to Government-Inspected Establishments in Awarding Contracts for Supplying Meats to Public Health Service Stations.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 6, 1920.

Bureau Circular Letter No. 231.

To medical officers of the United States Public Health Service and others concerned:

Officers of the service, when soliciting proposals for the furnishing of meats to service stations, or when forwarding bids received to the

bureau, will bear in mind that it is the bureau policy to give preference at all times to those establishments that are subject to inspection by representatives of the Bureau of Animal Industry, United States Department of Agriculture.

In transmitting proposals received for the supplying of meats recommendations submitted therewith should include a statement as to the status of the various establishments concerned, especially as to whether such establishments are subject to inspection by representatives of the Bureau of Animal Industry or are otherwise under sanitary supervision.

At those places where there are no Federal-inspected establishments recommendation as to the acceptance of proposal shall be governed by consideration of the manner in which the products are prepared and handled in the various establishments.

Respectfully,

H. S. CUMMING,
Surgeon General.

Rules Governing Telegraphic Messages.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 7, 1920.

Bureau Circular Letter No. 232.

To medical officers of the United States Public Health Service and other employees:

The following rules are hereby promulgated to govern official messages by telegraph, cable, or wireless in the Public Health Service:

1. Whenever it is necessary for officers to use the telegraph on official business, they must take due care to make the messages as brief as is consistent with clearness. All useless words must be omitted. The telegraph must not be used when letters will accomplish the same purpose.

2. Messages shall be signed only with the surname and official title of the sender. Where the title of the sender is not necessary for identification, it shall be omitted. This is ordinarily the case with Public Health Service officers telegraphing to the bureau or to other officers of the service.

3. The necessary address and a signature are not counted or charged for; the rates this year for Government messages are figured at 40 per cent commercial rate, commercial count. All messages from the field to the Treasury Department should be addressed to the bureau or through the Surgeon General.

4. Messages will be signed autographically and not by typewriter.

5. The date a message is filed for transmission will be placed in the upper right-hand corner of the message.

6. Messages will be indorsed "Official Business" by the sender with his name and title and telegraph identification card number. Also the appropriation from which the message is to be paid will be stated at the bottom of the telegram when practicable.

7. Official messages that are not prepaid or sent as charge messages must be plainly marked "Official Business. Collect. Government Rate."

8. Only messages that are strictly in the interest of this service will be indorsed to be paid from an appropriation of this service. Whenever it shall be necessary to send messages in the interest of the War Risk Insurance Bureau, the Federal Board for Vocational Education, and other, same will be sent "Government Rate, Collect," and *not* indorsed to be paid from Public Health Service appropriations. Officers of this service who work in cooperation with State health departments will be exceedingly careful that only messages pertaining strictly to United States Public Health Service will be sent at "Government Rates," and charged to an appropriation of this service. All messages sent in the interest of the State health departments and others will be indorsed to be sent at commercial rates and the activity to which they are chargeable indicated on the telegram.

9. Telegrams to any private person or persons on which charges are to be collected at destination, and are not payable from public funds, must be marked "Collect, Commercial Rate."

10. Government telegraph rates, established conformably to law, are intended to apply to official Government business exclusively, and no private individual, association, company, or corporation should in any way be benefited thereby. In case it is necessary to use the telegraph on any business in the special interest of any person or persons in which the Government has no interest, the party for whom the service is performed will be required to pay for the message both ways at commercial rates.

11. Telegrams making application for leave of absence or extension of leave or of inquiry whether leave has been granted, and the replies made thereto by telegraph, are not official business and will not be sent or paid for at the expense of the service.

12. All telegrams, except those of a nature sufficiently urgent to demand immediate attention, will be filed for transmission as night messages at night rates, and this will be plainly indicated on the face of the message. In some instances, telegrams sent from the field to the department in Washington, or vice versa, as day messages, are received by the addressee after office hours and not acted upon until

the following morning with consequent needless expense to the Government.

13. When there is doubt as to the advisability of filing a telegram to a distant point as a night message, consideration will be given to the difference in time (in some cases several hours) between the two points; the length of time, usually an hour or more, required for transmission and delivering telegrams; and the closing time of the office to which the message is addressed.

14. As a check against errors or omissions, an addressee, especially an officer in the field, immediately upon receipt of a telegram, will count the words and compare his count with the number entered in the upper margin of the telegraph blank. If a discrepancy occurs, request should be made upon the telegraph company for a repetition of the message, without additional cost to the Government. "Collect" messages show an extra word in the number of words given in the upper margin, but this is not billed against the Government.

15. Officers should register their names and addresses with the telegraph offices wherever stationed, even temporarily, in order that messages addressed to them by their surnames only may reach them promptly.

16. Each officer or employee of this service who is authorized to send Government official telegrams will be supplied with an identification card from the telegraph companies. These identification cards can be obtained on request from the bureau. Upon the resignation or death of an officer, the card in his possession should be returned to the bureau.

17. This circular letter embodies the department regulations set forth in Treasury Department Circular No. 112, April 2, 1918, to which attention is directed.

HUGH S. CUMMING,
Surgeon General.

Instructions to Nurses, Aids, and Dietitians Relative to Reporting Date of Departure From Home or Elsewhere and Date of Arrival at First Station.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, D. C., October 8, 1920.

Bureau Circular Letter No. 233.

To district supervisors, medical officers in charge, United States Marine and Public Health Service hospitals, and others concerned:

Upon receipt of this circular, you will cause each nurse, reconstruction aid, and dietitian on duty at the hospital or station under your charge to execute in duplicate the blank form attached hereto,

and forward same immediately to the Surgeon General (attention Personnel Section, Marine Hospital Division).

The medical officer in charge will see that these forms are executed in detail and signed by the person executing it. The medical officer in charge will also sign this form, certifying to its correctness as shown by the station records.

In the future all nurses, dietitians, and aids reporting for duty at the station under your charge as their first station shall forward to the bureau, through the medical officer in charge, the date upon which they left their home or elsewhere in compliance with their first order ordering them into active duty. This date is important, inasmuch as it is the actual date of appointment into the service. The medical officer in charge will be held responsible for the prompt receipt of this information by the bureau.

H. S. CUMMING,
Surgeon General.

Inclosures.

Station ----- Date -----
(Name.) (Number.)

To the Surgeon General, United States Public Health Service,
Washington, D. C.:
(Attention Personnel Section, Marine Hospital Division.)

Name----- Designation-----

Date of departure from home or elsewhere in compliance with first bureau
order -----

Date of arrival at first station for duty-----

Name of first station-----

Date of orders-----
(Assigning to first station.)

(In own handwriting.)

I certify that the above statements are true and correct as shown by the
records of this {hospital.
station.

(Medical officer in charge.)

Requisitions for Blanks and Blank Books.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 19, 1920.

Bureau Circular Letter No. 234.

To officers, United States Public Health Service, and others concerned.

1. Requisitions for blanks and blank books shall be made quarterly on Form 1906, and shall be submitted in duplicate to the Surgeon

General, United States Public Health Service, Washington, D. C., attention chief clerk. In order to expedite the filling of these requisitions, they shall be forwarded from the various stations as follows:

From stations in—

Districts.

Dates for submission.

Nos. 1, 2, 3, 4, 5, and 6.....January 1, April 1, July 1, October 1.

Nos. 7, 8, 9, 10, 11, and 12.....February 1, May 1, August 1, November 1.

Nos. 13, 14, 15, 16, 17, and 18.....March 1, June 1, September 1, December 1.

2. When a supply of forms is needed at any time between the dates on which the quarterly requisitions are submitted, a supplemental requisition may be forwarded on Form 1906-A, requesting in each case only such quantities as may be needed pending the filling of the next regular quarterly requisition and stating the reason necessitating the request.

3. When blank forms which are not listed on Form 1906 are desired, the request should be made on Form 1906-A.

4. In cases of emergency, telegraphic requests may be made.

5. It is not the policy of the bureau to arbitrarily reduce quantities of forms requested by a district supervisor as he is considered the best judge of his own needs, and for that reason it is requested that careful scrutiny be given to each requisition submitted.

Respectfully,

H. S. CUMMING,
Surgeon General.

Instructions Concerning Stationery Requisitions and Invoices.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 20, 1920.

Bureau Circular Letter No. 235.

To officers, United States Public Health Service, and others concerned:

Requisitions for waste-paper baskets, desk baskets, desk trays, etc., will hereafter be prepared on Form 1908 and forwarded to the purveying service, United States Public Health Service, Washington, D. C. The existing practice of preparing these requisitions on Forms 2162 and 2163 and transmitting them to the Surgeon General for the attention of the chief clerk will therefore be discontinued upon receipt of this communication.

Ink, mucilage, "Dermax" or any other liquid likely to freeze can not safely be shipped during winter months. Requisitions for these articles should therefore not be submitted during the period from November 1 to April 1. A supply sufficient to last through the winter months should be requested during the summer. In the event

of an emergency which could not have been foreseen by ordinary care, these supplies may be purchased at the station and voucher submitted therefor in the usual manner as stated in the paragraph relative to emergency purchases on page D-5 of the Service Regulations approved August 29, 1920. This paragraph will be No. 441 in the printed edition of the regulations and should be so cited in the voucher.

Calendar pads and stands will be issued only during the months of December, January, February, March, and April. No such pads or stands should be requested for shipment during the period from May 1 to November 30.

It has heretofore been the practice of the division of printing and stationery (Treasury Department) to forward direct to the officers in the field the stationery invoices covering material shipped to them. These invoices were then returned by the field officers to the division of printing and stationery. Hereafter these invoices will be sent direct from the bureau to the field officers. You are, therefore, instructed to *return all such invoices to the bureau, attention chief clerk*, in order that a more accurate record may be kept showing where the invoices are at all times.

H. S. CUMMING,
Surgeon General.

Instructions Relative to Printing and Marking Service Motor Transportation.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 25, 1920.

Bureau Circular Letter No. 236.

To medical officers of the United States Public Health Service:

1. The bureau has adopted dark gray as the standard color for service motor transportation, which color will be known as United States Public Health Service gray. Color cards will be furnished on application to the purveying depot.

2. To insure uniformity of marking and to permit facility of identification and control all United States Public Health Service motor vehicles shall be painted in the United States Public Health Service gray standard color. The system of marking indicated below shall be observed.

3. Motorized fire-fighting equipment will not be painted in the standard gray. Fire-fighting equipment, when requiring painting, shall be painted red.

4. Numbers for motor vehicles have been assigned by the bureau. Such numbers preceded by letters "U. S. P. H. S." shall be stenciled on all vehicles, with the exception of motor cycles, in characters 2 inches high, in conspicuous place inside the dash. For motorcycles

the number assigned, preceded by letters "U. S. P. H. S.," shall be stenciled in characters 1 inch high on top the gasoline tank.

5. All numbers shall be stenciled in white on black background.

6. In addition to the painting and numbering indicated above, the following is prescribed:

(a) Passenger vehicles with four doors shall have the service seal (4-inch size) and the phrase "For Official Use Only" on the panel between the doors on both sides. Roadsters will have the above marking on both doors. (See drawing No. 1.)

(b) Ambulances, other than Ford, shall have the service seal (8-inch size) and the phrase "U. S. Public Health Service Ambulance" on both sides. (See drawing No. 2.)

(c) Ambulances, Ford, shall have the service seal (8-inch size) and the phrase "U. S. Public Health Service" on both sides. (See drawing No. 2.)

(d) Trucks of less than 1-ton capacity shall be stenciled in black on both sides with the phrase "U. S. Public Health Service" in characters 2 inches high. (See drawing No. 3.)

(e) Trucks of 1-ton capacity and over shall be stenciled in black on both sides of the tail gate with the phrase "U. S. Public Health Service" in characters 3 inches high. (See drawing No. 3.)

(f) Motorcycles, also, shall have the service seal (4-inch size) on both sides of the gasoline tank. (See drawing No. 4.)

(g) Motorcycles with side cars shall have the service seal (4-inch size) on the left side of the gasoline tank and the right side of the side car. (See drawing No. 4.)

7. Each motor truck cover will bear the same "U. S. P. H. S." number as the truck to which it belongs. This number shall be stenciled on both sides in the center; bottom of symbols 24 inches from the hem of the cover in symbols 4 inches high.

8. The service seals (4-inch and 8-inch sizes) and the lettering for touring cars and ambulances are made in transfer (decalcomania) and will be issued by the purveying depot on approved requisitions. Requisitions for these transfers should indicate the number of each vehicle on hand for which they are required.

9. The purveying depot will furnish United States Public Health Service gray in the following containers:

United States Public Health Service gray ground in Japan (paste), 1 and 5 pound cans.

United States Public Health Service gray color varnish, 1 and 5 gallon cans.

United States Public Health Service pale rubbing varnish, 1 and 5 gallon cans.

United States Public Health Service gray paint mixed with oil, 1 and 5 gallon cans and barrels.

10. Finishing varnish and paint brushes will be obtained from contractors as listed in general supply schedule under items No. 8810-d-1 and 8120, respectively.

11. Medical officers in charge of stations will, in cases where practicable, utilize station force for painting. When this is not feasible, an experienced painter will be nominated, for a stated period, to accomplish this work at the wage prevailing in the locality.

12. When painting and marking of vehicles can not be done satisfactorily with the aid of the station force and a painter can not be employed, proposals for the performance of this work should be obtained by poster and circular-letter advertisement and forwarded to the bureau with definite recommendation relative to acceptance.

13. So much of paragraph 1, bureau circular letter No. 170, June 6, 1919, as conflicts with this circular is hereby revoked.

H. S. CUMMING,
Surgeon General.

Necessity for Complying with Instructions Issued by Bureau and Field Stations.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 3, 1920.

Bureau Circular Letter No. 237.

To field officers of the Public Health Service:

With the expansion of the field work of the service, it becomes increasingly necessary to place the organization of this work, including routine administration, on a sound footing.

The bureau feels that it is possible to accomplish this only by a careful and strict compliance on the part of the field personnel with the instructions issued by the bureau and by the officers in charge of field activities. In other words, each officer should give the most careful attention to all requests from the bureau or field headquarters bearing on economy of expenditures for travel, preparation of official correspondence and reports, carrying out of service policy, and similar matters.

In no other way will it be possible to coordinate sufficiently the work in the field with that of the bureau to assure at all times a well-developed and smooth-running organization.

J. C. PERRY,
Acting Surgeon General.

Instructions Relative to Forwarding to the Bureau Recommendations Which
Are Retroactive.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 10, 1920.

Bureau Circular Letter No. 238.

To district supervisors, medical officers in charge, United States Marine and Public Health Service hospitals, and others concerned:

The bureau has noted the practice of field officers to request retroactive and blanket authority for travel, promotions, and other authorizations which necessitates explanations to the department.

In many recent instances, requests for authorization for travel and for authority to issue cooked rations and for promotions have been retroactive several months. In other cases requests for authority have contained insufficient data upon which to make an intelligent request upon the department.

In view of the above, all persons interested are hereby instructed that in the future no retroactive travel orders will be approved except in cases of urgent necessity or which are retroactive beyond a reasonable period. In no case will approval be given for orders retroactive for more than 10 days. Field officers can always obtain authority for travel by telegraph if necessary. Blanket travel orders will not be approved, except in very exceptional circumstances.

Letters of nomination shall be so dated that when approved by the department they will not be effective retroactively beyond 10 days.

Letters of promotion shall also be so dated that they shall not be retroactive, and shall fully set forth all data necessary so that an intelligent request may be made upon the department. They must give a detailed statement of the amount and character of work performed. Facts and figures must be given to substantiate the recommendation.

In cases of requests for authority to issue cooked rations the request must be made within 48 hours after the issue of rations has begun. The practice of requesting authority for the issue of cooked rations retroactive beyond 10 days will not be approved and medical officers in charge will be held financially responsible in such cases.

Attention is again invited to Bureau Circular Letter No. 199, December 27, 1919, in relation to retroactive requests for the congressional bonus.

H. S. CUMMING,
Surgeon General.

**Applications for Refundment of Salary Deductions in Accordance With
Provisions of Civil Retirement Act, Approved May 22, 1920.**

**TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 18, 1920.**

Bureau Circular Letter No. 239.

To all officers and employees concerned:

The attention of all concerned is invited to the contents of section 11, civil retirement act, approved May 22, 1920, which provides in part as follows:

That in the case of an employee in the classified civil service of the United States who shall be transferred to an unclassified position, and in the case of any employee to whom this act applies who shall become absolutely separated from the service before becoming eligible for retirement on an annuity, the total amount of deductions of salary, pay, or compensation, with accrued interest computed at the rate of 4 per cent per annum, compounded on June 30 of each fiscal year, shall upon application be returned to such employee.

Classified employees separated from the service subsequent to July 31, 1920, whose pay has been deducted under the provisions of the retirement act should execute in duplicate Bureau of Pensions Form 3-R-6, together with Treasury Department Report on Application for Refund, and transmit same to the bureau, the signature of the medical officer in charge to appear at the lower right-hand corner of the Treasury Department record in each case. After verification of data submitted in applications, Form 3-R-6 will be transmitted by the bureau to the Commissioner of Pensions for payment.

Medical officers in charge of stations will be provided in the near future with a supply of the necessary blank forms sufficient to meet ordinary demands for a six months' period.

Respectfully,

H. S. CUMMING,
Surgeon General.

**Credit Allowed for Service in Army, Navy, Marine Corps, Coast Guard, and
Coast and Geodetic Survey in Computing Longevity.**

**TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 18, 1920.**

Bureau Circular Letter No. 240.

(Amending Bureau Circular Letter No. 213.)

To officers of the Public Health Service:

Bureau Circular Letter No. 213, dated April 5, 1920, contained an extract from the act of Congress approved March 6, 1920, as follows:

Officers of the Public Health Service shall be credited with service in the Army, Navy, Marine Corps, and Coast Guard in computing longevity pay.

The above quotation is hereby amended so as to include the United States Coast and Geodetic Survey, service in which may be counted toward longevity credit on an equal basis with other branches named.

Those officers who claim service in the Coast and Geodetic Survey should support their claims with certified service records from the Director, United States Coast and Geodetic Survey.

Respectfully,

H. S. CUMMING,
Surgeon General.

Furnishing Copy of Form 1934-B to the Federal Board for Vocational Education.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, November 27, 1920.

Bureau Circular Letter No. 241.

To medical officers in charge, United States Marine and Public Health Service hospitals:

In order to facilitate the placing of a patient about to be discharged from a hospital into training with the Federal Board for Vocational Education, you are requested to furnish a copy of Form 1934-B of the final report of physical examination of such patient before his discharge to the educational director of the Federal Board for Vocational Education upon his request.

Respectfully,

H. S. CUMMING,
Surgeon General.

Information Regarding the Importation of Live Snails and Other Mollusks.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 2, 1920.

Bureau Circular Letter No. 242.

To officers, United States Public Health Service:

1. Information has reached the bureau that snails and possibly other mollusks are being imported into this country.

2. As this subject has an exceedingly important bearing upon the possibility of the introduction and spread of exotic trematode diseases, the bureau is desirous of having immediate information as to the extent of this practice.

3. Accordingly, the bureau requests that you will personally, or through detail of a member of your force, visit as soon as convenient the local retail and wholesale dealers in aquarium animals (frequently sold at bird stores) in order to obtain information, as com-

plete as feasible, on this subject. In case you find live snails introduced from foreign countries, the bureau would appreciate it if you could forward to the Division of Zoology, Hygienic Laboratory, Twenty-fifth and E streets northwest, Washington, D. C., a few specimens of each kind (alive, or preserved in alcohol or formalin) in order that these may be properly determined zoologically. Information as to origin (foreign country) should accompany the specimens.

J. C. PERRY,
Acting Surgeon General.

Distribution of Antirabic Vaccine.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 9, 1920.

Bureau Circular Letter No. 243.

To State health officers and others concerned:

1. The distribution of antirabic vaccine, which has been carried on by the Public Health Service through the Hygienic Laboratory, will be discontinued, effective January 1, 1921.

2. This service was instituted in 1908 and has been furnished continuously since that time. It has been a source of gratification to the Public Health Service to have been of assistance to State health organizations in this respect. It is now found necessary to discontinue the service owing to limitations of personnel and space.

3. Requests for rabies vaccine will be honored up to and including January 1, 1921, and vaccine for completing all treatments begun under such requests will be supplied.

4. The vaccine may be purchased from the following establishments, now holding license issued by the Secretary of the Treasury:

Parke, Davis & Co., Detroit, Mich.

The Cutter Laboratory, Berkeley, Calif.

Lederle Antitoxin Laboratories, Pearl River, N. Y.

Eli Lilly & Co., Indianapolis, Ind.

H. K. Mulford Co., Philadelphia, Pa.

Bureau of Laboratories, Department of Health, New York City.

E. R. Squibb & Sons, New Brunswick, N. J.

Gilliland Laboratories, Ambler, Pa.

Dr. W. T. McDougall, Kansas City, Mo.

Laboratory of Clinical Pathology, Kansas City, Mo.

St. Louis Pasteur Institute, St. Louis, Mo.

Dr. James McI. Phillips, Columbus, Ohio.

Dr. D. L. Harris Laboratories, St. Louis, Mo.

H. S. CUMMING,
Surgeon General.

**Examination of Employees Making Application for Reinstatement in the
Department of Agriculture.**

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 14, 1920.

Bureau Circular Letter No. 244.

*To commissioned medical officers and acting assistant surgeons of the
United States Public Health Service:*

Medical officers of the United States Public Health Service will make examinations of employees of the Department of Agriculture who apply for reinstatement in that department. The number of such applicants will be limited, and upon applying for this examination they must present papers from the Department of Agriculture showing that they are applicants for reinstatement.

H. S. CUMMING,
Surgeon General.

Revision of Instructions Relative to Forwarding to the Bureau Recommendations Which are Retroactive.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 31, 1920.

Bureau Circular Letter No. 245.

(Amending Bureau Circular Letter No. 238.)

*To district supervisors, medical officers in charge, United States
Marine and Public Health Service hospitals, and others concerned:*

Your attention is invited to Bureau Circular Letter No. 238, dated November 10, 1920, relative to retroactive authority for travel, promotions, and other authorizations.

APPOINTMENTS.

It is directed that in the future no recommendations for appointment to any position be made, except those not within the competitive classified service, to become effective prior to departmental approval. Time should be allowed for transmission of the request to the department through the bureau.

The only exception to this fixed rule will be emergency changes in personnel which are really of an emergency character, and each change of this nature must be fully explained to the bureau in transmitting recommendation for appointment of personnel.

PROMOTIONS.

It is further directed that no recommendation for promotion or increased compensation, commutation of quarters, or subsistence

be made by fixing the date on which the promotion or other change will become effective prior to a date that will enable the bureau to forward the recommendation to the department and secure prior departmental approval. At stations where there is a special disbursing agent, increases in salaries which have not been approved by the bureau shall not be included on the rolls certified to by the commanding officer. *No exceptions can be made to this fixed rule.*

TRAVEL.

Authorizations for travel must be prepared so that department approval may be secured prior to the date upon which the travel is to begin. The only exception to this rule will be strictly emergency cases, each one of which must be sustained by a detailed satisfactory explanation.

Officers in charge of divisions of the bureau have been directed not to approve recommendations for appointment, promotion, or travel which do not comply with the above provisions. Bureau Circular Letter No. 226, dated August 28, 1920, outlines the procedure to be followed by nomination officers in making recommendations for appointment to classified positions. Positions not listed in this circular letter are not included within the competitive classified service. You will *immediately* acknowledge receipt of this circular and state it has been received, is understood, and its provisions will be carried out.

H. S. CUMMING,
Surgeon General.

INDEX.

[B. C. L.=Bureau Circular Letter.]

A.

Acting assistant dental surgeons, appointment of-----	B. C. L. 226
Acting assistant surgeons:	
Appointment of-----	B. C. L. 226
Nominations of-----	B. C. L. 66
Administrative assistants:	
Appointment of-----	B. C. L. 226
Classifications of-----	B. C. L. 229
Pay and allowances of---	B. C. L. 229
Advertisements:	
Authorization of-----	B. C. L. 34
Length of time for-----	B. C. L. 34
Publication of-----	B. C. L. 34
Agriculture:	
Bureau of Animal Industry-----	B. C. L. 231
Examinations of employees of-----	B. C. L. 244
Allegiance, oath of-----	B. C. L. 110
Allied nations, treatment furnished discharged soldiers of-----	B. C. L. 216
Alms house, neuropsychiatric beneficiaries not to be confined in-----	B. C. L. 182
Aluminum ware, inspection of.	B. C. L. 71
Amoebic dysentery, treatment of-----	B. C. L. 31
Annual reports. (See Reports.)	
Anthrax-----	B. C. L. 136
Precautions against-----	B. C. L. 162
Appointments:	
Acting assistant dental surgeons-----	B. C. L. 226
Acting assistant surgeons-----	B. C. L. 226
Administrative assistants-----	B. C. L. 226
Bacteriologists-----	B. C. L. 226
Chemists-----	B. C. L. 226
Civil-service rules governing-----	B. C. L. 226
Consultants to marine hospitals-----	B. C. L. 104
Dietitians-----	B. C. L. 226
Nurses-----	B. C. L. 226
Reconstruction aides-----	B. C. L. 226
Retroactive-----	B. C. L. 245
X-ray technicians-----	B. C. L. 226
Appropriations, Supervising Architect's fund-----	B. C. L. 11

Army:

Admitting sick and wounded of, to quarantine stations and marine hospitals of Public Health Service-----	B. C. L. 36
Public Health Service hospitals open to sick and wounded of-----	B. C. L. 109
Supplies issued by-----	B. C. L. 158
Arsenic, use of preparations of, in treatment of syphilis-----	B. C. L. 219
Arsephenamine:	
Administration of-----	B. C. L. 163
Clinical results observed in using-----	B. C. L. 153
Reports of clinical results observed in use of-----	B. C. L. 121
Articles which harbor rats, disinfection of-----	B. C. L. 39
Association of Military Surgeons:	
Advantages of joining----	B. C. L. 210
Officers of-----	B. C. L. 210
Automobiles. (See Motor vehicles.)	

B.

Bacteriologists, appointment of-----	B. C. L. 226
Bar pilots, right of relief of, as patients of the U. S. Public Health Service-----	B. C. L. 46
Beaumont, Tex., U. S. Plague Laboratory, shipment of plague-infected material to--	B. C. L. 227
Bedding, disinfection of-----	B. C. L. 39
Beneficiaries:	
Admission of war-risk insurance beneficiaries to Public Health Service hospitals-----	B. C. L. 159
Bar pilots-----	B. C. L. 46
Coast Guard-----	B. C. L. 70
Examination of, by the Public Health Service--	B. C. L. 184
Fees for professional services to-----	B. C. L. 107
Fishermen-----	B. C. L. 46
Lighthouse Service-----	B. C. L. 57
Mental neuropsychiatric--	B. C. L. 182

Beneficiaries—Continued.

Treatment furnished discharged soldiers of the allied nations	B. C. L. 216
Treatment of, war risk insurance	B. C. L. 150
Treatment of, by Red Cross	B. C. L. 166

Bills:

Chargeable to Supervising Architect's fund	B. C. L. 11
Itemizing of	B. C. L. 34
Birth registration	B. C. L. 125
Blanks, requisitions for ..	B. C. L. 13, 54, 234

Books:

Inspection of	B. C. L. 71
Requisitions for	B. C. L. 54

Bonus:

Instruction of, for discontinuing for part-time employees	B. C. L. 205
Instructions relative to recommendation for ..	B. C. L. 199

Brushes, shaving:

Infection of	B. C. L. 136, 162
Shipment of	B. C. L. 136, 162
Sterilization of	B. C. L. 136, 162

Bubonic plague, shipment of tissue of persons for animals suspected of suffering from	B. C. L. 227
---	--------------

Buildings, repairs and new construction of	B. C. L. 35
--	-------------

Bureau:

Form of reports to	B. C. L. 47
Instructions issued by	B. C. L. 237
Record of personnel	B. C. L. 178

Bureau of Animal Industry, establishments inspected by ..	B. C. L. 231
Bureau of Laboratories	B. C. L. 243

Butter, use of substitutes for, in hospitals of the service ..	B. C. L. 186
--	--------------

C.

Canadian soldiers:

Instructions relative to treatment of	B. C. L. 208
Treatment of discharged ..	B. C. L. 201
Treatment of, in hospitals of the service	B. C. L. 185

Cards, standardization of, at field stations in accordance with sizes adopted in Washington	B. C. L. 48
---	-------------

Card A, report of examination and disposition of patient ..	B. C. L. 168
---	--------------

Card B, case record	B. C. L. 168
---------------------------	--------------

Card C, record of discharge from hospital	B. C. L. 168
---	--------------

Card D, hospital admission card	B. C. L. 168
---------------------------------------	--------------

Cargo, fumigation of nondisinfected	B. C. L. 39
---	-------------

Carpets, inspection of	B. C. L. 71
------------------------------	-------------

Cars, inspection of sanitary conditions of	B. C. L. 84
--	-------------

Chemists, appointment of	B. C. L. 226
--------------------------------	--------------

Child-welfare activities, cooperation of service in	B. C. L. 125
---	--------------

Civil employees, compensation for injured employees	B. C. L. 115
---	--------------

Civil retirement act	B. C. L. 239
----------------------------	--------------

Civil service, rules relating to appointment of employees ..	B. C. L. 69
--	-------------

Civil-service districts, list of ..	B. C. L. 226
-------------------------------------	--------------

Civil-service rules, classified positions under	B. C. L. 226
---	--------------

Circulars, distribution of, to field stations	B. C. L. 175
---	--------------

Clothes, disinfection of	B. C. L. 39
--------------------------------	-------------

Coast Guard:

Clinical histories of Coast Guard patients in service hospitals	B. C. L. 87
---	-------------

Discharge of members of undergoing treatment at first or second-class stations of the service ..	B. C. L. 77
--	-------------

Discontinuing clinical histories of patients of	B. C. L. 131
---	--------------

Right of medical treatment by officers and enlisted men of	B. C. L. 70
--	-------------

Code:

Service telegraphic code ..	B. C. L. 82
Telegraphic, suggestions relative to use of	B. C. L. 32

Commissioned medical officers, status of	B. C. L. 139
--	--------------

Communicable diseases:

Handling of food and dishes by patients suffering with	B. C. L. 180
Reporting prevalence of ..	B. C. L. 119
(See Diseases.)	

Commissary privileges, granting of, to officers of the Public Health Service	B. C. L. 211-222
--	------------------

Commutation:

Heat and light	B. C. L. 141
Increase in	B. C. L. 220

Commutation of quarters:

Discontinuance of pay voucher for	B. C. L. 78
Income tax for	B. C. L. 106
Officers on temporary duty ..	B. C. L. 90

Compensation:

Additional, at the rate of \$1,200 per annum	B. C. L. 134
--	--------------

Additional, at the rate of \$240 per annum	B. C. L. 176
--	--------------

Additional, form of certificate to procure	B. C. L. 137
--	--------------

Base pay for appointees ..	B. C. L. 177
----------------------------	--------------

Five and ten per cent increase of	B. C. L. 116
---	--------------

Consultants:

Appointment of	B. C. L. 104
Marine hospitals	B. C. L. 104

Contracts:

Competition in making ..	B. C. L. 34
Information and instructions relative to	B. C. L. 34

Contracts—Continued.

Meat, preference given to Government-inspected establishments	B. C. L. 231
Cream, use of substitute for, in hospitals of the service	B. C. L. 186
Cumulative tables, use made of in public health work	B. C. L. 24
Currio, Surg. Donald Herbert, obituary notice of	B. C. L. 156
Cutter Laboratory	B. C. L. 243
D.	
Depots, sanitary conditions of	B. C. L. 84
Dermatological Research Laboratories	B. C. L. 219
Diarsenol Co.	B. C. L. 219
Dietitians:	
Appointment of	B. C. L. 226
Duties	B. C. L. 173
Equipment	B. C. L. 173
Relation of, to hospital staff	B. C. L. 173
Reporting dates of arrival and departure	B. C. L. 233
Status	B. C. L. 173
Diseases, communicable (preventing spread of)	B. C. L. 1
Diseases:	
Amoebic dysentery	B. C. L. 31
Anthrax	B. C. L. 136, 162
Communicable, use of cumulative tables in reporting	B. C. L. 24
Enteric fever, reporting patients suffering with	B. C. L. 17
Influenza	B. C. L. 142, 143
Malaria	B. C. L. 9, 128, 133
Mental	B. C. L. 202
Reporting prevalence of	B. C. L. 29, 37
Tuberculosis	B. C. L. 4
Discipline: Civilian rather than military to be maintained at hospitals of the service	B. C. L. 171
Disinfection:	
Articles that harbor rats	B. C. L. 39
Certificate of	B. C. L. 39
Method of disinfecting vessel	B. C. L. 4
Districts:	
Civil service	B. C. L. 226
Organization of for relief to service beneficiaries of all classes	B. C. L. 168
Reports of activities in	B. C. L. 168
District supervisors:	
In charge of third and fourth class stations	B. C. L. 214
Inspection of State hospitals by	B. C. L. 182
Draft:	
Age limit	B. C. L. 140
Deferred classification of officers and employees	B. C. L. 144
Drugs:	
Heroin	B. C. L. 102
Narcotic	B. C. L. 89

E.

Efficiency:	
Confidential reports of	B. C. L. 203
Promotion of	B. C. L. 83
Eggs, certification of	B. C. L. 39
Electric current, preparation of vouchers	B. C. L. 67
Eli Lilly and Co.	B. C. L. 243
Emetine hydrochloride, use of in treatment of amoebic dysentery	B. C. L. 31
Employees:	
Classification of field service	B. C. L. 225
Classification of in accordance with provisions of retirement act approved May 22, 1920	B. C. L. 224
Promotion under probation	B. C. L. 56
Employees Compensation Commission:	
Admission reports	B. C. L. 192
Clinical histories of injured employees	B. C. L. 127
Discharged reports	B. C. L. 192
Employees compensation fund	B. C. L. 114
Examination of civil employees injured in performance of their duties	B. C. L. 114
Jurisdiction of	B. C. L. 115
Reports of relief for	B. C. L. 148, 192, 197
Enteric fever, reporting patients suffering with	B. C. L. 17
Epidemics, reporting of	B. C. L. 29, 37, 119
Equipment:	
Hospital	B. C. L. 21
Purchase of tools	B. C. L. 3
Estimates:	
Forwarding of	B. C. L. 35
Hospital equipment	B. C. L. 21
Repairs and new construction of buildings	B. C. L. 35
European War:	
Draft	B. C. L. 144
Public Health Service part of	B. C. L. 109
Examinations:	
Bacteriological	B. C. L. 227
Cases for Federal board	B. C. L. 179
Coast Guard	B. C. L. 75
Foreign seamen	B. C. L. 94
Merchant marine	B. C. L. 95
Physical	B. C. L. 74
Record of patients and disposition of patients	B. C. L. 168
Expendable property. (See Property.)	
Expenditures:	
Economy in	B. C. L. 2
Relief of patients of War Risk Insurance Bureau	B. C. L. 174

F.

Federal Board for Vocational Education:	
Examination of cases for	B. C. L. 179
Examination of disabled men for	B. C. L. 149
Training of disabled men by	B. C. L. 188
Treatment of disabled men while undergoing training by	B. C. L. 188
Federal compensation act, regulations concerning	B. C. L. 135
Field duty, addresses of officers on	B. C. L. 122
Field service, classification of employees of	B. C. L. 225
Field stations, compliance with instructions issued by	B. C. L. 237
Filing equipment, standardization of at field stations in accordance with sizes adopted in Washington	B. C. L. 48
Fishermen, right of relief of as patients of the U. S. Public Health Service	B. C. L. 46
Food products, disinfection of	B. C. L. 39
Foreign seamen:	
Care of	B. C. L. 30
Fees for examination of	B. C. L. 98
Fort Stanton, records of patients recommended for transfer to	B. C. L. 45
Freight:	
Certification of	B. C. L. 39
Certification of from cholera-infected ports	B. C. L. 39
Certification of from foreign ports	B. C. L. 39
Certification of from localities infected with plague	B. C. L. 39
Disinfection of	B. C. L. 39
Treatment of	B. C. L. 39
Fumigation:	
Hydrocyanic gas	B. C. L. 100
Provisional standard for, with hydrocyanic gas	B. C. L. 79
Furniture:	
Disinfection of	B. C. L. 39
Inspection of	B. C. L. 71

G.

Galveston, Tex. U. S. Plague Laboratory, shipment of plague-infected material to	B. C. L. 227
Gas, preparation of vouchers for	B. C. L. 67
Gasoline, purchase of	B. C. L. 161
General hospitals:	
Inspection of	B. C. L. 182
Psychopathic wards	B. C. L. 182
Gilliland Laboratories	B. C. L. 243
Government telephones, use of	B. C. L. 91

Government employees, rates charged for care of, in contract hospitals of the service	B. C. L. 115
Government reservations, registration of births and deaths on	B. C. L. 43

H.

Harris Laboratories	B. C. L. 243
Health education by means of newspaper articles	B. C. L. 165
Heat, commutation for	B. C. L. 141, 220
Heroin, discontinuance of the use of	B. C. L. 102
Hides, certification of	B. C. L. 39
Hospital accommodations:	
Care of communicable diseases	B. C. L. 182
Heat	B. C. L. 182
Lighting	B. C. L. 182
Space	B. C. L. 182
Hospitals. (See Hospitals of the service.)	
Hospitals of the service:	
Admission to hospital treatment at second, third, and fourth class stations	B. C. L. 19
Base pay for appointees in	B. C. L. 177
Discipline to be maintained at	B. C. L. 171
Distribution of circulars to	B. C. L. 175
Epileptic patients, East Norfolk, Mass	B. C. L. 182
Estimates for equipment	B. C. L. 21
Insane, Dansville, N. Y.	B. C. L. 182
Inspection of	B. C. L. 171
Monthly reports of patients admitted and discharges from	B. C. L. 14
Open to sick and wounded of Army and Navy	B. C. L. 109
Psychoneurotic patients, Waukesha, Wis	B. C. L. 182
Rules for visitors at	B. C. L. 171
Treatment of discharged Canadian soldiers in	B. C. L. 185
Use of substitutes for butter and cream in	B. C. L. 186
Hydrocyanic-acid gas:	
Fumigation with	B. C. L. 100
Provisional standard for fumigation with	B. C. L. 79
Safeguards to be observed in fumigation with	B. C. L. 129
Hygienic Laboratory:	
Discontinuance of distribution of antirabic vaccine by	B. C. L. 243
Distribution of antityphoid vaccine by	B. C. L. 12
Shipment of plague-infected material to	B. C. L. 227
Transmission of pathological specimens to	B. C. L. 53

I.

Improvement, committee of	B. C. L. 83
Income tax:	
Claims for exemption from	B. C. L. 50
For value of quarters	B. C. L. 106
Infant care	B. C. L. 125
Influenza, poster for prevention of	B. C. L. 142, 143
Insane, State hospitals for the	B. C. L. 182
Insane patients:	
Clinical history of	B. C. L. 182
Committing of, to Dansville	B. C. L. 182
Committing of, to State hospitals	B. C. L. 182
Cost of committing to State hospitals	B. C. L. 182
Jurisdiction of Public Health Service over neuropsychiatric patients who may have been placed in prisons	B. C. L. 182
Sworn statement of insanity	B. C. L. 182
Transportation	B. C. L. 182
Inspection:	
Aluminum ware	B. C. L. 71
Yearly, of quarantine stations and marine hospitals	B. C. L. 35
Interstate passengers, sanitary conditions of cars, vessels, etc., maintained for the use of	B. C. L. 84

J.

Jails, neuropsychiatric beneficiaries not to be confined in	B. C. L. 182
Joint Committee on Printing	B. C. L. 190

L.

Laboratory of Clinical Pathology	B. C. L. 243
Laws, State and local health laws	B. C. L. 63
Leaves of absence granted under the authority of the regulations	B. C. L. 93
Lederle Antitoxin Laboratories	B. C. L. 243
Light, commutation	B. C. L. 141, 220
Lighthouse Service:	
Issuance of bills for care and treatment of certain employees of	B. C. L. 68
Medical relief for light keepers and assistant keepers	B. C. L. 96
Treatment of officers and employees of	B. C. L. 57
Longevity pay, credit allowed for service in the Army or Navy	B. C. L. 213, 240
Lowry Laboratory	B. C. L. 219

M.

Maintenance of marine hospitals, necessity for economy in the expenditures chargeable to the appropriation	B. C. L. 2
Malaria:	
Poster for prevention of	B. C. L. 128, 133
Prevention of	B. C. L. 9
Marine hospitals:	
Admission to, of persons rejected for military service on account of curable conditions	B. C. L. 120
Available for care of sick and wounded of the Army and Navy	B. C. L. 36
Consultants appointed to	B. C. L. 104
Money needed for remainder of fiscal year 1914	B. C. L. 22
Rate of charge for soldiers and seamen admitted to	B. C. L. 38
Mattresses, hair and cotton, inspection of	B. C. L. 71
Meal requests:	
Countersigning of	B. C. L. 200
Instructions concerning	B. C. L. 196
Meat, supplying Public Health Service stations with	B. C. L. 231
Medical Journal, regulations governing publication in	B. C. L. 191
Medical supplies, transmission of requisitions for	B. C. L. 23, 27
Medicines:	
Authority to be cited on bills for medicines furnished by apothecaries	B. C. L. 26
Emergency purchases of	B. C. L. 73
Reimbursement for cost of, in care of foreign seamen	B. C. L. 30
Mental clinics, capacity of State hospitals for	B. C. L. 182
Mental diseases, classification of	B. C. L. 202
Merchant marine:	
Physical examination of recruits for	B. C. L. 155
Reexamination of officers and men of	B. C. L. 95
Metz Laboratories	B. C. L. 219
Milk, safe and sufficient milk supply	B. C. L. 125
Military forces:	
Public Health Service included in	B. C. L. 139
Public Health Service part of	B. C. L. 109
Military Surgeons, Association of	B. C. L. 210
Mollusks, importation of	B. C. L. 242
Monthly statement of expenditures and liabilities, freight and express charges to be included in	B. C. L. 5

Morbidity reports. (*See Reports.*)

Motor vehicles:

Ambulances.....	B. C. L. 236
Care of in freezing temperature.....	B. C. L. 189
Instructions for procuring tires and tubes for.....	B. C. L. 193
Lettering of for official business only.....	B. C. L. 170
Marking of.....	B. C. L. 236
Method of procuring accessories for.....	B. C. L. 206
Motorcycles.....	B. C. L. 236
Purchases of accessories for.....	B. C. L. 161
Purchases of accessories for.....	B. C. L. 169
Purchases of spare parts for.....	B. C. L. 228
Repair of.....	B. C. L. 161, 169
Service seals, standard color for Public Health Service.....	
Trucks, use for official business only.....	B. C. L. 170
Mulford Co., H. K.....	B. C. L. 243

N.

Narcotic drugs, handling of by employees of Government agencies.....	B. C. L. 89
Narcotic supplies for lighthouse vessels.....	B. C. L. 60
Navy:	
Admitting sick and wounded of to quarantine stations and marine hospitals of the Public Health Service.....	B. C. L. 36
Public Health Service hospitals open to sick and wounded of.....	B. C. L. 109
Neosarsphenamine:	
Administration of.....	B. C. L. 163
Clinical results observed in using.....	B. C. L. 153
Neosilvarsan:	
Purchase of.....	B. C. L. 16
Requisitions for.....	B. C. L. 18
New Orleans, La., U. S. Plague Laboratory, shipment of plague-infected material to.....	B. C. L. 227
Neuro-psychiatry:	
Appointment of examiners in.....	B. C. L. 182
Fees for examinations.....	B. C. L. 182
Special examiners in.....	B. C. L. 182
Newspapers, health education by articles in.....	B. C. L. 165
Nomenclature of diseases and conditions, additions to.....	B. C. L. 198
Nomenclature of mental diseases.....	B. C. L. 202
Nonexpendable property.....	B. C. L. 42
Nominations, retroactive authority for.....	B. C. L. 238

Nurses:

Appointment of.....	B. C. L. 226
Reporting dates of arrival and departure.....	B. C. L. 233
Nomination and appointment of.....	B. C. L. 172
Rules governing at hospitals.....	B. C. L. 171
Nutrition, care of child during preschool age.....	B. C. L. 125

O.

Officers, designation of, in charge of stations.....	B. C. L. 8
Oil, purchase of.....	B. C. L. 161

P.

Parke, Davis & Co.....	B. C. L. 243
Pathological specimens, transmission of, to Hygienic Laboratory.....	B. C. L. 53
Patients:	
Army.....	B. C. L. 138
Clinical histories of.....	B. C. L. 87
Clinical records of.....	B. C. L. 45
Handling of food by.....	B. C. L. 180
Insane. (<i>See Insane patients.</i>)	
Insane, committing of to State hospitals.....	B. C. L. 182
Mental, treatment of.....	B. C. L. 181
Monthly reports of patients admitted and discharged from hospitals.....	B. C. L. 14
Navy.....	B. C. L. 131, 138
Neuropsychiatric.....	B. C. L. 181
Relief of war-risk insurance patients.....	B. C. L. 174
Responsibility for money and other valuables of.....	B. C. L. 99
Transfer of, to marine hospitals.....	B. C. L. 59
War-risk insurance.....	B. C. L. 126, 138

Pay:

Administrative assistants.....	B. C. L. 226
Increase in, for officers.....	B. C. L. 220
Longevity.....	B. C. L. 213, 240

Pay rolls:

Forms for retirement deductions.....	B. C. L. 225
For increase of pay.....	B. C. L. 220
New form of pay and commutation roll.....	B. C. L. 88
Preparation of.....	B. C. L. 20
Preparation of, in accordance with provisions of retirement act approved May 22, 1920.....	B. C. L. 224
Preparation of, under provisions of act of May 18, 1920.....	B. C. L. 223
Penalty envelopes and labels, the use of.....	B. C. L. 64
Pensacola, Fla., U. S. Plague Laboratory, shipment of plague-infected material to.....	B. C. L. 227

Personnel :

Acting assistant surgeons	B. C. L. 66
Acting assistant surgeons, submitting data relating to	B. C. L. 199
Amendment to civil-service rules relating to the appointment of employees	B. C. L. 69
Administrative assistants	B. C. L. 229
Changes in, reporting	B. C. L. 15
Communications originating with subordinate personnel	B. C. L. 218
Confidential efficiency reports	B. C. L. 203
Dietitians	B. C. L. 173
Information relative to	B. C. L. 230
Nurses	B. C. L. 172
Personnel Form No. 3, instructions for submitting	B. C. L. 199
Reconstruction. (See Reconstruction personnel.)	
Record of, for bureau	B. C. L. 178
Reporting changes in	B. C. L. 93, 199
Scientific assistants	B. C. L. 69
Pharmacists, articles of subsistence drawn by	B. C. L. 101
Physical examinations :	
Able seamen	B. C. L. 74, 80
Coast Guard	B. C. L. 75, 167
Disabled men for Federal Board for Vocational Education	B. C. L. 149
Discharged Canadian soldiers	B. C. L. 185
Employees of the Department of Agriculture	B. C. L. 244
Federal Board for Vocational Education	B. C. L. 241
For Government positions as unskilled laborers	B. C. L. 86
For persons who enroll in the navigation and engineering schools to be established by the U. S. Shipping Board	B. C. L. 117, 118
Foreign seamen	B. C. L. 94
Merchant marine	B. C. L. 95
Persons who have been rejected for military service on account of curable conditions	B. C. L. 120
Recording	B. C. L. 76
Recruits for merchant marine	B. C. L. 155
Plague :	
Human cases	B. C. L. 227
Rodent cases	B. C. L. 227
Shipment of tissue of persons for animals suspected of suffering from	B. C. L. 227
Post Office Department, use of penalty envelopes and labels	B. C. L. 64
Printing :	
Classes of, not to be done in Government Printing Office	B. C. L. 190

14330°—21—15

Printing—Continued.

Emergency	B. C. L. 190
For field work	B. C. L. 190
Prisons, neuropsychiatric beneficiaries not to be confined in	B. C. L. 182
Promotions :	
Promotions under probation	B. C. L. 56
Retroactive	B. C. L. 238, 243
Property :	
Expendable	B. C. L. 41
Inspection of unserviceable property	B. C. L. 71
List of expendable property	B. C. L. 72
Nonexpendable	B. C. L. 42
Proposals :	
Chargeable to Supervising Architect's fund	B. C. L. 11
Information and instructions relative to	B. C. D. 34
Specifications for	B. C. L. 34
Public buildings, instructions to custodians of	B. C. L. 105
Public health reports, cumulative tables in	B. C. L. 24
Public Health Service :	
Granting of commissary privileges to officers of	B. C. L. 211
Included in military and naval service of the United States	B. C. L. 139
Military status of personnel of	B. C. L. 154
Purchases :	
Exigency	B. C. L. 25, 34
Emergency, of medicine	B. C. L. 73
Instructions for	B. C. L. 34
Tires and tubes for motor vehicles	B. C. L. 193
Purveying depot :	
Requisitions for antityphoid vaccine to be sent to	B. C. L. 61
Requisitions for neosalvarsan to be sent to	B. C. L. 18
Requisitions for replacement parts to be sent to	B. C. L. 228
Stock of heroin to be sent to	B. C. L. 102
Supplies received from	B. C. L. 103

Q.

Quarantine stations available for care of sick and wounded of the Army and Navy	B. C. L. 36
Quarters, c o m m u t a t i o n of	B. C. L. 78, 90, 106

R.

Rags :	
Disinfection of	B. C. L. 39
Fumigation of	B. C. L. 39
Rations, retroactive authority for	B. C. L. 238
Rats, articles which harbor	B. C. L. 39

Reconstruction aides:

- Appointment of----- B. C. L. 226
Reporting dates of arrival
and departure----- B. C. L. 233

Reconstruction personnel:

- Occupational therapy----- B. C. L. 183
Pay of----- B. C. L. 183
Physiotherapy aides----- B. C. L. 183
Reconstruction aides----- B. C. L. 183
Reconstruction officers----- B. C. L. 183

Records:

- Card A, card B, card C--- B. C. L. 168
Clinical, in State hospitals. B. C. L. 182

Red Cross, cooperation with by
officials of the Public Health
Service-----

B. C. L. 166

Registration:

- Age for draft----- B. C. L. 140
Births and deaths on Gov-
ernment reservations--- B. C. L. 43

Regulations:

- Reporting leaves of ab-
sence----- B. C. L. 93
Reporting changes in per-
sonnel----- B. C. L. 93
Service, revision of----- B. C. L. 160
Service, transmitting
amendments to----- B. C. L. 28
Transmitting copy of serv-
ice----- B. C. L. 10
Uniform, revision of----- B. C. L. 6

Relief:

- Light keepers and assist-
ant light keepers----- B. C. L. 96
Medical----- B. C. L. 96
Merchant seamen----- B. C. L. 4

Reports:

- Annual----- B. C. L. 40
Annual reports of activi-
ties in districts----- B. C. L. 168
Annual, transmission of--- B. C. L. 92
Confidential efficiency--- B. C. L. 203
Form of reports to bureau. B. C. L. 47
Monthly, of patients----- B. C. L. 14
Monthly reports of activi-
ties in districts----- B. C. L. 168
Morbidity, transmission of. B. C. L. 29
Relief----- B. C. L. 49, 197
Weekly reports of activi-
ties in districts----- B. C. L. 168

Reserve Corps:

- Instructions concerning
signature of officers in B. C. L. 209
Signature of officers in--- B. C. L. 164
Status of officers in----- B. C. L. 221
Information for applicants
for appointment and com-
mission in----- B. C. L. 151
Organization of----- B. C. L. 152
Physicians----- B. C. L. 151
Recommending candidates
for----- B. C. L. 152
Sanitarians----- B. C. L. 151
Scientists----- B. C. L. 151

Retirement act----- B. C. L. 224, 230

Revenue-Cutter Service:

- Clinical reports of sick
officers at marine hos-
pitals----- B. C. L. 52
Treatment of officers and
seamen of, for venereal
diseases during 1913--- B. C. L. 33
Rubber goods (including hose),
inspection of----- B. C. L. 71

S.

St. Louis Pasteur Institute--- B. C. L. 243

Salary deductions, amendment
of----- B. C. L. 239San Francisco, Calif., U. S.
Plague Laboratory, shipment
of plague-infected material
to----- B. C. L. 227

Sanitariums:

- Private----- B. C. L. 182
Sending of neuropsychiatric
beneficiaries to----- B. C. L. 182

Seamen:

- Definition of, in relation
to treatment----- B. C. L. 46
Foreign----- B. C. L. 30
Rate of charge for admis-
sion to marine hos-
pitals----- B. C. L. 38
Report of condition of--- B. C. L. 19

Service exhibit:

- Activities of the Public
Health Service----- B. C. L. 212
Rehabilitation of disabled
soldiers----- B. C. L. 212

Service regulations. (See Reg-
ulations.)Service relief stations, admis-
sion of war-risk insurance
beneficiaries to----- B. C. L. 159Schedule of supplies. (See
Supplies.)Selective-service regulations,
Public Health Service in-
cluded in----- B. C. L. 139Service work, suggestions for
improvement of----- B. C. L. 83Shipping Board, physical exam-
inations for persons in Navi-
gation and Engineering
Schools of----- B. C. L. 117, 118Snails, information regarding
importation of----- B. C. L. 242Social service, work in State
hospitals----- B. C. L. 182Soldiers, rate of charge for ad-
mission to marine hospitals. B. C. L. 38

Squibb & Sons, E. R.----- B. C. L. 243

State health laws:

- Compliance with, by offi-
cers of the Public
Health Service----- B. C. L. 63, 123
Compliance with----- B. C. L. 145

State hospitals:

- Clinical records----- B. C. L. 182
Diet----- B. C. L. 182

State hospitals—Continued.

Hospital accommodations.....	B. C. L. 182
Insane.....	B. C. L. 182
Inspection of, by district supervisors.....	B. C. L. 182
Laboratory department.....	B. C. L. 182
Mental clinics.....	B. C. L. 182
Nursing department.....	B. C. L. 182
Social-service branch.....	B. C. L. 182
Vocational therapy.....	B. C. L. 182
Stationery:	
Invoices.....	B. C. L. 235
Requisitions for.....	B. C. L. 13, 34, 55, 234
Subsistence, record of articles of, cers in charge of.....	B. C. L. 8
Subsistence, record of articles of, drawn by pharmacists.....	B. C. L. 101
Sulphur gas, use in fumigation of.....	B. C. L. 39
Sundry civil act, increase of compensation approved by.....	B. C. L. 116
Supervising Architect:	
Appropriation under control of.....	B. C. L. 11
Funds under supervision of.....	B. C. L. 111
Local representative of.....	B. C. L. 111
Proposals for office of.....	B. C. L. 105
Supplies:	
Fire hose, testing of.....	B. C. L. 132
Inferior supplies from purveying depot.....	B. C. L. 103
Medical, requisitions for.....	B. C. L. 23
Narcotic, for lighthouse vessels.....	B. C. L. 60
Purchase of tools.....	B. C. L. 3
Purchases and contracts for.....	B. C. L. 34
Transfer of by the Secretary of War to the Secretary of the Treasury for use in Public Health Service hospitals.....	B. C. L. 153
Schedule of.....	B. C. L. 34
To be paid out of funds under the control of Supervising Architect.....	B. C. L. 111
Surgical instruments, inspection of.....	B. C. L. 71
Syphilis, use of arsenic preparations in treatment of.....	B. C. L. 219
T.	
Takamine Laboratories.....	B. C. L. 219
Telegrams:	
Brevity.....	B. C. L. 232
Dates.....	B. C. L. 232
Leaves of absence.....	B. C. L. 232
Night messages.....	B. C. L. 232
Official business.....	B. C. L. 232
Rates.....	B. C. L. 232
Rules governing.....	B. C. L. 232
Rules governing telegraphic messages.....	B. C. L. 81
Signing.....	B. C. L. 232
Telegraphic code.....	B. C. L. 82
Use of telegraphic code.....	B. C. L. 33

Telephones, use of Government.....	B. C. L. 91
Temporary duty, allowance of officers on.....	B. C. L. 90
Textile fabrics, disinfection of.....	B. C. L. 39
Tools, purchase of.....	B. C. L. 3
Transportation:	
Blanket authority for.....	B. C. L. 238
Families.....	B. C. L. 220
Express.....	B. C. L. 5
Freight.....	B. C. L. 5
Preparation of vouchers for reimbursement of travel expenses.....	B. C. L. 85
Retroactive.....	B. C. L. 238, 245
Vouchers for.....	B. C. L. 44
Transportation requests, countersigning of.....	B. C. L. 196, 200, 204
Divisions of the bureau to be indicated thereon.....	B. C. L. 195
Filling in block spaces of.....	B. C. L. 112
Instructions concerning use of.....	B. C. L. 146
Issuing of.....	B. C. L. 196
Special instructions for use of.....	B. C. L. 58
Use of.....	B. C. L. 58
War risk.....	B. C. L. 217
Treasury Department, communications to to be transmitted through the bureau.....	B. C. L. 97
Tuberculosis, prevention of spread of among merchant seamen.....	B. C. L. 4
Typewriters, inspection of.....	B. C. L. 71
Typhoid:	
Administration of typhoid vaccine.....	B. C. L. 61
Antityphoid vaccine.....	B. C. L. 12
Inoculation against.....	B. C. L. 80
Typhoid and paratyphoid vaccines.....	B. C. L. 124
Vaccination against.....	B. C. L. 62, 113
U.	
Uniform regulations.....	B. C. L. 6
(See Regulations.)	
V.	
Vaccination:	
Antityphoid.....	B. C. L. 12
Antityphoid, administration of.....	B. C. L. 61
Arsephenamine.....	B. C. L. 121, 153, 163
Distribution of antirabic vaccine.....	B. C. L. 243
Distribution of typhoid and paratyphoid vaccine.....	B. C. L. 124
Neorsphenamine.....	B. C. L. 153, 163
Neosalvarsan.....	B. C. L. 16
Ships' crews.....	B. C. L. 108
Smallpox.....	B. C. L. 80
Typhoid.....	B. C. L. 62
Venereal diseases:	
Discharge of beneficiaries suffering with.....	B. C. L. 130

Venereal disease—Continued.

Information on venereal infection	B. C. L. 207
Manual of treatment for	B. C. L. 145
Number of persons suffering from	B. C. L. 207
Treatment of Revenue-Cutter Service officers and seamen for	B. C. L. 33
Syphilis	B. C. L. 219
Venereal diseases, division of, letters from the field to	B. C. L. 147
Vessels:	
Lighthouse, narcotic supplies for	B. C. L. 60
Sanitary conditions of	B. C. L. 84
Vocational therapy, use in State hospitals	B. C. L. 182
Vouchers:	
Army patients	B. C. L. 138
Completion of	B. C. L. 51
Exigency purchases	B. C. L. 34
For hospital treatment	B. C. L. 168
Information and instructions relative to	B. C. L. 34
Instructions relative to preparation of	B. C. L. 7
Necessity for exigency purchases to be given on face of	B. C. L. 25
Navy patients	B. C. L. 138
Pay voucher for commutation of quarters	B. C. L. 78
Preparation of, for gas, electric current, and water	B. C. L. 67
Preparation of, for reimbursement of travel expenses	B. C. L. 85

Vouchers—Continued.

Rendered in favor of apothecaries for medicines	B. C. L. 26
Travel, prompt rendering of	B. C. L. 44
War-risk patients	B. C. L. 138

W.

Ward, Surg. Hugh David, obituary notice of	B. C. L. 157
Wards, psychopathic, general hospitals	B. C. L. 182
War, supplies for use in Public Health Service hospitals	B. C. L. 158
War-risk insurance:	
Admission of beneficiaries of, to service relief stations	B. C. L. 159
Appropriations of	B. C. L. 174
Care and treatment of patients on account of	B. C. L. 126
Expenditures chargeable to appropriations of	B. C. L. 174
Mental patients of	B. C. L. 181
Treatment of beneficiaries of	B. C. L. 150, 184
Treatment of neuropsychiatric patients of	B. C. L. 182
War - risk transportation requests	B. C. L. 217
Water, preparation of vouchers for	B. C. L. 67
Window shades, inspection of	B. C. L. 71
Workmen's compensation act	B. C. L. 107

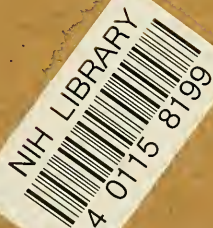
X.

X-ray technicians, appointment of	B. C. L. 226
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